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ABSTRACT

Results of an evaluation on the program effectiveness of the administration of Project 750 are provided. Project 750 is described to involve the removing of Massachusetts children suffering moderate to severe emotional disturbance from regular classrooms and placing them in special classes designed to maximize the children's educational potential and to relieve the emotional difficulties. In its eighth year of existence, the project serves approximately 2400 children. General findings were that 57% of the participating children were under 16 years of age and that parents rated the children as 44% improved in social adjustment, 39% improved academically, and 55% improved in overall adjustment. General topics considered in the evaluation include administration and regulations, staffing, identification and assessment, schools, involvement of parents, crises of transition, and public communication. Overall the program was thought to be successful in providing the emotionally disturbed child with special instruction so that he could better handle his problems. Selected evaluation recommendations concerned certification of applicant's legal residence, positions for seven regional coordinators, use of behavioral descriptions, need for an annual conference, sliding fee schedule, state agency cooperation, and public advertising. (CB)

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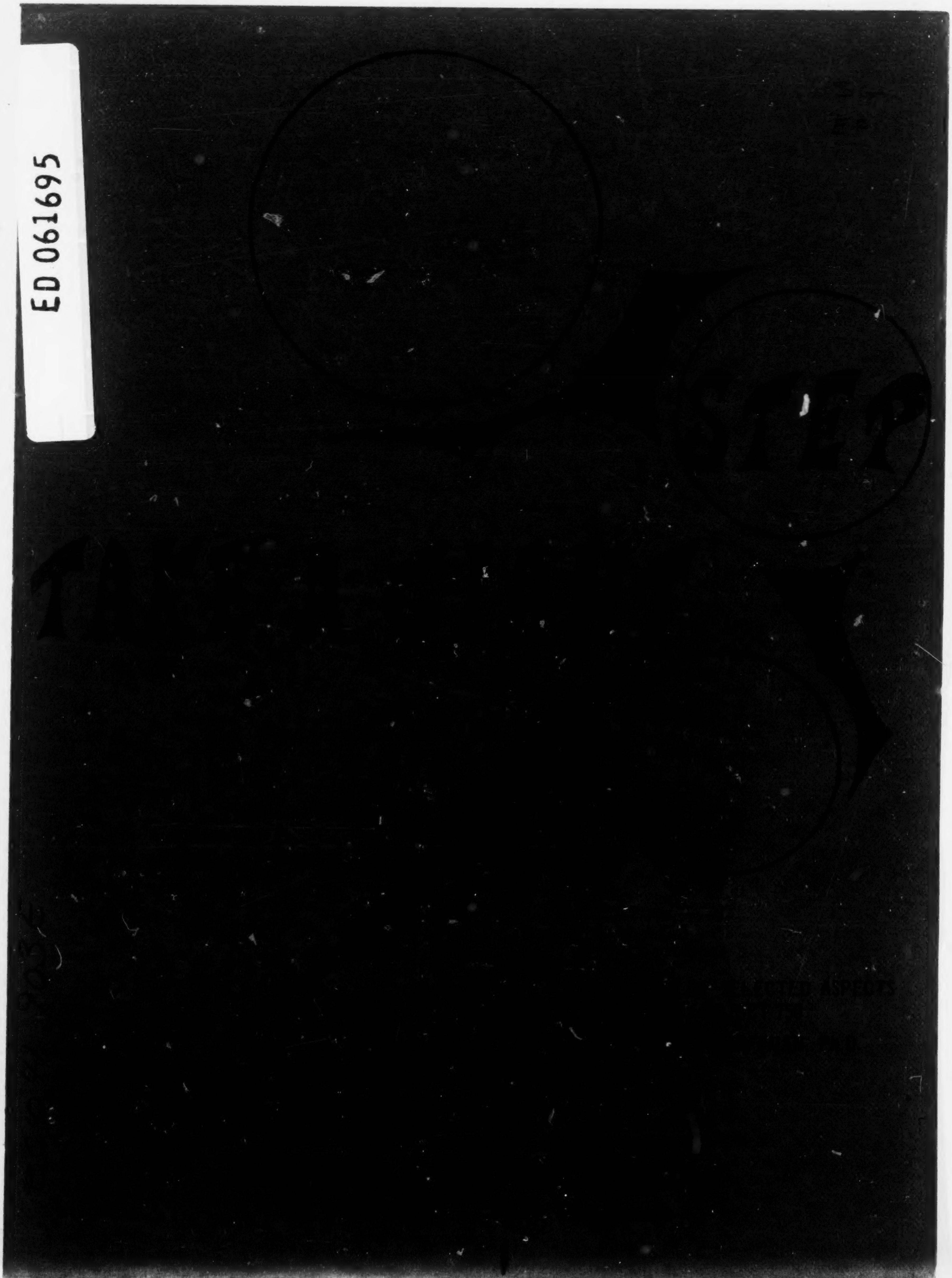

SELECTED ASPECTS

Final Report

of

Evaluation of Selected Aspects of Project 750

Massachusetts' Program for
Education and Treatment of
Emotionally Disturbed School
Age Children

Submitted to

The Massachusetts Advisory Council on Education

by

Herbert J. Hoffman, Ph.D.
Assistant Professor of Research
and
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The Florence Heller Graduate School for Advanced
Studies in Social Welfare
Brandeis University
September 1969

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PREFACE

The education of emotionally disturbed children is a priority concern in the Commonwealth. The unaided child grows up to be the disturbed adult. But help when it is needed interrupts this malicious pattern.

The Commonwealth provides assistance under Chapter 750, a program now 8 years old. The Advisory Council voted to evaluate selected aspects of the program as part of its coordinating, evaluating function. As in other Council studies, the purpose of this effort is to discover ways to improve our educational programs through analysis and recommendation.

The Council's Study Director, Dr. Herbert J. Hoffman, Assistant Professor of Research at Brandeis University, has worked cooperatively with the State Department of Education and the Department of Mental Health. These agencies are legally responsible for the program. In the final analysis, however, the recommendations made in this report reflect the independent judgment of Dr. Hoffman and his study staff.

On behalf of the Advisory Council and the legislators of Massachusetts who created the Council and voted it funds, I present this study to the people of Massachusetts. The recommendations in this report are addressed to educators, mental health professionals, and all concerned citizens.

William C. Gaige
Director of Research
Advisory Council on Education

FOREWORD

by

Charles I. Schottland*

The emotionally disturbed child in school has been receiving increased attention throughout the United States and from ten to fifteen per cent of school children are estimated to be emotionally disturbed to the point where they present special problems to teachers, classmates, and school authorities.

The report of Dr. Herbert J. Hoffman evaluates Project 750 which is a Massachusetts program for the education and treatment of such emotionally disturbed children of school age. Now in its eighth year, the program has demonstrated its value and based on a year-long study Dr. Hoffman has developed a series of clear and practical recommendations for improving the effectiveness not only of the Project 750 operation, but also the effectiveness of mental health services to school age children in Massachusetts.

The first recommendation, embodying the concept of the emotionally disturbed child as a "family problem" is consistent with the growing trend and the emphases of the National Institute of Mental Health and numerous research and treatment programs,while the emphasis upon returning children to more normal community life likewise emphasizes the trend to preventive and constructive mental health services rather than treatment of emotional disorders.

The recommendations cover a wide gamut of theoretical, ethical, professional, and pragmatic issues, ranging from basic goals such as the family centered emphasis to the introduction of automated data processing. Included are recommendations which can be implemented by regulation or administrative fiat, and there are recommendations which require legislative action. All require concern and interest on the part of professionals and lay citizens alike.

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*Dean, The Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, Massachusetts.

Brandeis University has a strong interest in the delivery of needed services to children and their families, and this interest constitutes a significant part of our social welfare concerns at the Florence Heller Graduate School.

The Heller School and Brandeis University are pleased to have been able to make available to the Commonwealth in which it resides its services and facilities for a project which will hopefully improve, over the years to come, the educational status of thousands of children.

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*Resigned December 1968
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ACKNOWLEDGEMENTS

This study could not have been completed without the cooperation and interest of hundreds of individuals. To single out the people who were involved at various stages of the research would be impossible, and to name a few would be an injustice to those who were not named. Therefore, I shall attempt to acknowledge my indebtedness in a manner that conveys my feelings and in which every contributor can recognize himself.

I deeply appreciate the excellent cooperation we received from more than 150 parents of children who had been involved in Project 750. I am also in debt to the staffs of the 45 approved private schools who gave their time and interest during several phases of this study. Interviews were conducted with staff members in a number of public school systems and our research effort was always welcomed. This study had the cooperation and involvement of top level leadership in the Departments of Education and Mental Health, and it was the beneficiary of many contributions made by Bureau of Special Education staff. I am also indebted to my colleagues and friends who came forth to offer support, suggestions, advice, and other forms of assistance. The Advisory Panel to this project served well and was an invaluable "sounding board" for our ideas. The individual members of the Panel were responsible for many significant contributions. Members of the MACE staff were always available when they were most needed -- the MACE support was far more than just financial.

I was fortunate to have assembled a staff which was devoted to, and involved and concerned with emotionally disturbed children and their families. I feel in their debt for their effective use of these qualities and their competence during the course of this research effort.

The professional staff of this project contributed greatly to the preparation of this report. However, the full responsibility for its substantive content rests solely with the Principal Investigator.

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INTRODUCTION

In the year 1900 Ellen Key, famous Swedish sociologist, made a prophetic announcement that the twentieth century was destined to be the "century of the child." Yet, it is only in recent years that the recognition of the widespread prevalence of emotional disturbance among children has taken place. It is not surprising then that concepts, definitions and classifications regarding a disturbed child are frequently inadequate, ambiguous and confusing. This confusion and inadequacy is mirrored in the methods used in coping with the education and socialization of the emotionally disturbed child.

In many states the extensive needs of emotionally disturbed children are not recognized and/or facilities to deal with these problemed children are inadequate or unavailable. In comparison to many other states, Massachusetts is a pioneer in developing alternatives for meeting the educational needs of these children.

To serve the child with educational potential who is unable to learn in and/or adjust to a regular public school classroom, the General Court in 1960 passed Chapter 71, Sections 46H and I of the General Laws of the Commonwealth. The general goal of this Act, known as Chapter 750, is to remove youngsters suffering moderate to severe emotional disturbance from regular classrooms and to place them in a setting providing special services that will enable them to maximize their educational potential and simultaneously relieve their emotional difficulties. The provisions of the Act provide 50% reimbursement to cities and towns for expenses associated with special classes and tutoring programs. Furthermore, it provides full payment for "instruction and support" of children sent to private day and residential schools. The Departments of Mental Health and Education by law have joint responsibility for the administration of Project 750.

This program, which was quickly conceived and experimental in approach, has been marked since its early years by a preoccupation with funding. Not enough energy, time and tools have been allocated to reviewing this new program in a changing world. At times it has seemed that more attention has been devoted to budgetary and paper shuffling considerations than to the purpose of the program--SERVICES TO CHILDREN!

Project 750 is now in its eighth year of existence. The Commonwealth expended approximately $8,000,000 during fiscal 1969 to fund this program and the expectation is that fiscal 1970 expenditures will be close to $10,000,000. There is every reason to believe that the need for Project 750 is far in excess of services and funds currently available, and that the program will continue to grow at a rapid rate. Approximately 2400 youngsters are receiving services under the provisions of the Act and there are an additional 1700 youngsters on the waiting list. The current Massachusetts school-age population potentially in need of 750 services varies from a conservative estimate of 13,000 to as many as 157,000 children. These epidemiologic estimates of emotional disturbance are based on rates derived from studies within and outside the state. It is anticipated that the prevalence of emotionally disturbed school-age children will increase proportionally to the projected increase in the school-age population.

The time seemed appropriate to take an objective look at the "experiment's" philosophy, means, goals and accomplishments. In this context the Massachusetts Advisory Council on Education with the full cooperation of the Departments of Education and Mental Health funded a research endeavor at Brandeis University to "take this look."

As a result of funding limitations this study was designed to examine the 750 program primarily from an administrative point of view and only incidentally from a clinical point of view. Priorities had to be set in terms of which program features would be studied. Since the bulk of the money is spent on the private school provisions and a majority of the 750 children attend these private schools, it was decided to focus on this aspect of Project 750.

In the process of gathering data it became gratifying to hear high praise of this program from the parents of the children who have participated or still are participating in a 750 placement: "If our family life has been saved, it [750] has saved it," said one of the parents. "Everyone was just wonderful--this [750] should be available to all the kids who need it," said another parent. Such sentiments were echoed by many other parents. The pioneering quality of the program--the provision of services where before there were none--further adds to the perception of the program as successful.

The perception of the program's relative success receives additional support from our findings: 57% of those children who have participated in 750 and have not yet reached their 16th birthday are back in regular public school classes. The parents perceived 44% of the children as improved in social adjustment, 39% as improved academically and 55% as improved in overall adjustment. We were able to trace the current activities of 74% of the children in the primary sample of 160 youngsters who had terminated. Our follow-up indicated that approximately 72% of these youngsters have what could be termed a "successful" outcome. It is my opinion, however, that the apparent success rate is inflated and that the true rate of success is much lower. This assertion is based on the recent knowledge that approximately 220 youngsters have been enrolled in approved private schools for more than four years and for the large majority of them the prognoses are pessimistic. The existence of this group, which is not represented in our sample, produces in our findings a strong positive bias. In addition, since the research did not employ a design with appropriate control groups, we cannot scientifically affirm that the results are directly related to the 750 program.

The definite impression gained in the course of this study is that it has many positive features, but much more needs to be done and can be done. Therefore, this report takes the form of identifying critical areas in the program, detailing the pressing issues as we encountered them, and developing a series of pragmatic recommendations. It will become evident to the reader that an attempt has been made to integrate and interrelate the many constructive recommendations we have put forth so that they in conjunction with what currently exists contain the major elements of a comprehensive plan for the education and treatment of emotionally disturbed children in Massachusetts. The chapters demarcate issues for the purpose of clarity and exposition, but in no way do we consider these issues as mutually exclusive.

During the period of our study, we have had contact with hundreds of people involved in 750--parents, educators, mental health professionals, staff, legislators, lay leaders, government officials. We are aware that this report will not please all who read it and we regret that we are unable to include all the excellent suggestions volunteered for improving the program. We felt that we had to edit our findings in order for the final report to be readable, meaningful and of manageable size. Our purpose is to have constructive impact, not to win the acclaim of all or an award for the weightiest and least read report. The complete data will be retained on deposit at Brandeis University and in the care of the project's Principal Investigator. These data will be available for adding to our understanding of this program and emotionally disturbed children.

Chapter I

BASIC PHILOSOPHY

It is apparent from the history of the 750 legislation that the thrust for action was in terms of helping disturbed youngsters who were not receiving an educational experience in their local schools. The philosophy and principles underlying the present program were developed after the law was passed. The rules and regulations under which the program operates reflect these principles and philosophy. In a recently published monograph, "Special Educational Needs for Emotionally Disturbed Children," Conners (undated) enumerated fourteen principles developed during a year long study which preceded the implementation of the Act. These principles clearly communicate the goals and objectives of the program, but it is the first time that they have been made generally available in narrative form. In summary the principles are based on the following concepts: 1) local school responsibility for the educational needs of emotionally disturbed children; 2) retention--to the extent possible--of children in regular school programs; 3) avoidance of separating emotionally disturbed children from their schools, friends, families and communities; 4) provision of back-up supporting services by mental health professionals to local school systems; 5) the child's capacity to profit from some type of educational experience.

The confusion that exists with regard to the goals and objectives of Project 750 among many of the professionals involved in the referral procedure is demonstrated by the following comments: from a prominent child pyschiatrist; "The 16 and over group should be moved out to make room for the under 16 year olds--for which there are hardly any state facilities [referring primarily to the long term, severely disturbed children with extremely limited educational potential]:" from an assistant supervisor of Special Education; "I do not really know its goals and purposes:" from a school administrator; "I don't know what the goals are--need clarification."

An unfortunate aspect of the program, an unintended by-product, has been the tendency to focus on the pathology, the weaknesses and the psychiatric disability of the individual child. The children are labeled by their friends, schools, communities and families as "bad" or "crazy." The residential programs, in particular, tend to isolate the child and frequently allow the families to "write him off." At the present time, as a consequence of the program's inability to ensure active parental involvement in the treatment phase, the parents frequently fail to perceive their need for change and understanding; they do not have the opportunity to learn and to practice more effective techniques for coping with their own lives. In short, during the course of a 750 placement, the child may have learned more effective coping behavior, and he may have achieved a reduction in symptoms; but in returning to an environment with the cues and circumstances that had served as stimuli in the past, he may return to previous patterns of mal-adaptive behavior. The interdependence between child and parent in their patterns of behavior and its relationship to special education outcome is illustrated by the comment of LaVetes, et. al. (1965), "Only those children whose parents are interested in such help [treatment for parents] can profit from day treatment, others will not profit despite the services offered to the child (p. 169)."

The need to refocus the program from one which is totally "child centered" to one which approaches the need for special services to an emotionally disturbed child as a "family problem" is clear. While a number of parents welcome the opportunity to abdicate responsibility for their child to the 750 program, many other parents feel that they are being regarded by professional authority as inadequate and blameworthy. As one parent put it, "I always come away with a feeling that I'm a moron after talking to mental health professionals." Another parent stated that the school personnel said to her: "We're doing the talking, you stay out of it." One parent put it simply: "We want to be treated like humans." They feel the need for reassurance, guidance and good counsel, but often they do not know where to turn in order to meet these needs.

In the context of a philosophy which takes the onus off the child and which attempts to retain the child's contact with home, school and community, it is appropriate that the program be based on a model of health, i.e., on learning or re-learning, rather than on a model of illness, i.e., on remedial treatment. Ideally education provides such a model with its emphasis on teaching rather than on treatment, on learning rather than on fundamental personality reorganization, on present and future achievements rather than on past failures, on strengths rather than on weaknesses. The program's emphasis should be on maintaining children in or returning children to the mainstream of daily life. Planning for this goal should commence at the point of application and continue through to the time when a meaningful outcome has been achieved for the child.

In general the 750 program takes a very narrow, restricted approach toward the responsibility it assumes for the education and treatment of emotionally disturbed children. With regard to the private school benefits of the program the state essentially contracts for services with an approved school which commence the day of enrollment and end the day of termination. To this time in the history of the program the state has been unable to provide systematic and comprehensive services to children and their families due to lack of staff and absence of mandate. The staff of this $8,000,000 per year (fiscal 1969) program has been able to concern itself with little more than problems of a fiscal nature and is overwhelmed by the inundation of paper work.

Much has been made of the cost of the program, the rates charged by individual schools, the flow of "750" dollars out of Massachusetts. These concerns over out-of-pocket expenditures, without further consideration, are anachronistic--it is a narrow perspective which in its simple approach masks the true nature of the problem. Dollar costs are not the issue--human costs are. We can no longer evaluate a human services program simply on the basis of how many dollars are spent. What is purchased and what the benefits are must enter the equation. To expend 25,000 state dollars on the education and treatment of a child, and to see the benefits dissipated in a few months following termination in the program because there are no follow-up and follow-through services can hardly be viewed as an efficient use of tax dollars. Many parents mentioned this. One felt the program "should have some sort of transition period...otherwise can make mistakes that may undo the help received and money invested." Another suggested that she "would like to see a program of gradual adjustment into school... to help over the transitional process." The 750 program, if it is to increase its effectiveness, must make a commitment to the total child. It is a responsibility which should not end with the payment of the final tuition invoice to an approved school.

The themes presented in this section will be repeated, and will bear repeating, throughout the many sections of the report. In addition, the problem areas will be presented in greater detail, and recommendations for solutions will be put forward in practical terms.

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Chapter II

ADMINISTRATION AND REGULATIONS

The 750 program has functioned essentially under the same regulations, administrative structure and staffing pattern since it became operational in 1962. During this period the program has developed and grown in size many times over. The number of children referred annually has increased dramatically: approximately 2400 youngsters are covered by the provisions of the 750 law and an additional 1700 eligible children are on a placement waiting list; 45 private facilities are now approved to receive and deliver services to these children; as of August 1, 1969 there were 52 school systems that had established a total of 82 special classes for the instruction of emotionally disturbed children; many public school systems offer additional programs such as home tutoring and in-school tutoring for the emotionally disturbed child; an instruction and treatment program for emotionally disturbed children in the public schools will become mandatory in the fall of 1970.

The administrative staff responsible for the operation of this program has performed admirably under the most adverse conditions--enormous increases in responsibility, miniscule increases in manpower. The program in the main is a good one, the regulations under which it operates are in large measure administratively and professionally sound. However, many of its facets can be improved, and many of its functions can be made more effective. It is essential that 750 be a dynamic program; it must move with the times and respond to changing needs. But it cannot be vital and responsive to new or changing needs when hamstrung by inadequate manpower and overwhelmed by mountains of paper work. Under such circumstances planning cannot occur, leadership cannot be exercised, and there is little energy or time left to respond to the crises experienced by individual children and their families.

It is by intention that laced throughout this report are recommendations which relate directly and indirectly to the administration of and regulations governing 750. This reflects the interdependence of 750's many aspects. In this chapter a selected set of problems directly related to administration and regulations will be highlighted and recommendations regarding methods for their solution will be made. It is not suggested, however, that the list of problems or recommendations is exhaustive.

Interdepartmental accountability

Since the approval of the original regulations, there have been few substantive changes in them. In part this attests to the soundness of the regulations, but it is also an indictment of the involved Departments with respect to their lack of response to the inadequacies noted elsewhere in this report. Article 8 of the regulations establishes a paradigm and mechanism for interdepartmental coordination which provides for an Advisory Interdepartmental Council on Programs for Emotionally Disturbed Children and the appointment of coordinators from each Department for the purpose of administering the program. The coordinators have been appointed and they do serve. The Advisory Council with its responsibility for overviewing the program, making recommendations to develop and improve programs for emotionally disturbed children, assisting in establishing procedures, and conducting pertinent research has had a questionable existence.

In past years this Council which according to the original regulation "shall meet at least three times each year and at such other times as called by the departments" meets rarely, i.e., in the period between spring 1965 and spring 1969 the Council met twice. Action suggested during these infrequent meetings was not always carried out. In recent months there has been a strong indication that the present Commissioners of Education and Mental Health have a commitment to working closely together on the future of this program and that the Council will become both viable and meaningful. We strongly support this new spirit in interdepartmental cooperation. Both the Department of Mental Health and Department of Education are accountable; the program cannot tolerate abdication of this responsibility in the future.

Regulations

This segment of the report will be concerned with a number of regulations selected because of their primary relationship to administrative procedures. We reiterate that the regulations are basically sound, but if they are not followed or do not respond to changing times, then their value is severely impaired.

Regulations in need of compliance:

1. The regulations require semi-annual reports from the 750 schools on the "educational and social progress of each child under its care." They also stipulate that "no child may be withdrawn by the parents or expelled by the school or institution without prior consultation" with the Bureau of Special Education. In addition, "the names

of pupils graduating or transferring to other schools must be forwarded to the Bureau prior to date of departure."

The survey of 160 record folders sampled at random indicated that only a small minority of the approved schools regularly provide the Bureau with semi-annual reports on each child under their care. It appeared that some schools supplied no progress reports. Only 31% of the folders of terminated children had some form of written notification to the Bureau of the child's discharge but not always a full discharge summary. On the basis of interviews with parents and supporting statements by Bureau of Special Education staff, we learned that in most cases the Bureau is not consulted in advance regarding the withdrawal of a child from an approved placement. Numerous times the parents reported having been called by the private school and informed that their child had been discharged and must be picked up within a day. Furthermore, the Bureau often is not aware that a child has been terminated from a 750 placement until his name no longer appears on the voucher request submitted by the approved school. It is apparent, therefore, that in many instances the names of "graduating and transferring" pupils are not reported in advance to the Bureau.

The above regulations make excellent administrative and clinical sense. Compliance with them can provide a basis for rational decision-making about the disposition of individual children, rational program planning in terms of needs and resources, effective crisis intervention (see the Chapter VII, Crisis of Transition), and assessing the accountability of the approved schools. It is unquestioned that the major reason these regulations have not been enforced is related to the severe limitations on existing staff time. At present there is not even staff time available to read and assess the reports which are received from the schools. Certainly there would be no staff time available to evaluate thoroughly every request to withdraw a child. Therefore, the recommendation for additional staff at the regional level, discussed with greater detail in Chapter III, Staffing, if carried out would make the full implementation of these regulations possible.

It is noteworthy that the Director of Special Education on June 16, 1969 issued a strong memorandum to all private school administrators which was designed to "improve systems and procedures relative to the administration, supervision and financial aspects of state approved programs." Among the items requested was a "separate list of pupils terminating placement at the conclusion of school year 1968-69...."

2. The regulations require an annual case conference to be held by the approved private school on each child under its care. The case conference shall be open to a representative of the child's local school system and a representative of the 750 program. In addition the regulations stipulate that the Departments "after receiving the progress reports and the case conference reports...and after any other investigation...may allow the programs for each child to continue with

suggested modifications, or the departments may terminate their approval..." The decision to continue, transfer or terminate is to be made annually.

The provisions of these regulations are excellent. If carried out they would help to ensure for each child optimal placements in the context of the child's needs, quality care, continuity with his local school system and rational planning for termination from the program. The pursuit of these objectives would contribute significantly to maximizing the potential benefits of this program.

Parents and Bureau of Special Education staff indicate that these regulations receive rare compliance. Though there are several contributing factors, the bulk of the problem can, once again, be attributed to the inadequate number of professional staff. If the schools were to hold annual case conferences on each child, who from the Departments could attend the 1200 conferences? Who is available to identify and press those schools which are delinquent in meeting their obligations and responsibilities? Who at the Departmental level has available time and expertise to review each case? The answers to these rhetorical questions are obvious. The solution to this unfortunate situation can be approached through the simultaneous development of "Regional Staff" and the "Review Panel," as described in detail in Chapter III, Staffing, and Chapter IV, Identification, Assessment and Disposition, respectively.

A further difficulty that has plagued the 750 program is a distinct reticence on the part of the appropriate professionals to make firm decisions about children who should be discharged from this program because they cannot derive benefits commensurate with the efforts being made on their behalf. In addition we observed that when transfers were requested because a more appropriate resource was indicated, it was almost always on the initiative of parents. Once again the establishment of a Review Panel would have a strong influence in rectifying this situation by bringing multidisciplinary thinking to bear on these difficult problems. Thus, critical decisions would be based on professional judgment of what is best for the child and not on the basis of a school's expediency, feeding the family's needs, or favoring an office holder's request.

Regulations in need of amendment:

1. "At least one hour of psychotherapy or psychiatric counseling weekly must be provided for each child obtaining educational benefits" at a 750 approved school. In addition, the schools are required to submit monthly "Counseling and Psychotherapy Record Sheets" on each child under their care.

This regulation has not always met with compliance. Inspection of record sheets received from those schools which regularly report to the Bureau indicates that relatively few children receive an hour of therapy each week and many receive no psychiatric treatment. This contention is supported by parents who often were discouraged and even angry that their child was receiving less therapy in school than he had before placement. Furthermore, there are some approved schools which explicitly state that they do not provide psychiatric treatment. To this date the psychotherapy reports which are filed have not received any systematic review (that task was not within the scope of the present study), though the Program Coordinator from the Department of Mental Health has repeatedly sought funds and resources for this purpose.

We feel that the regulation regarding psychiatric treatment is more in need of amendment than enforcement. It appears that in terms of professional manpower availability the expectation of 1 hour per child per week is unrealistic. Of more significance is the tendency of this regulation to commit the program to a particular treatment modality, i.e., individual and/or group dynamic psychotherapy, whether it is appropriate to the needs of the child or not. Other treatment modalities are available today, e.g., behavior modification, chemotherapy, therapeutic tutoring, "modelling," which are often more appropriate for dealing with a child's problems. The practice in a number of the private schools visited by this investigator is to employ various emotional remediation approaches which do not fit the reporting forms.

IT IS RECOMMENDED, THEREFORE, THAT BY THE END OF THE FIRST MONTH OF PLACEMENT THE PRIVATE SCHOOLS WOULD BE REQUIRED TO FILE DETAILED TREATMENT PLANS, SPECIFYING THE VARIOUS TREATMENT MODALITIES TO BE EMPLOYED AND THEIR RATIONALE. EVERY TWO MONTHS, THEREAFTER, A BRIEF ASSESSMENT OF PROGRESS WOULD BE REPORTED TO THE BUREAU OF SPECIAL EDUCATION AND ANY MODIFICATIONS IN THE TREATMENT PLAN WOULD BE NOTED.

2. The form "Application for the Instruction of an Emotionally Disturbed Child" requires the certification of the City or Town Clerk that the parents or guardians are legal residents of that community. It would seem that this requirement, as it is currently met, is an unnecessary and undesirable breach of confidentiality. One of the parents interviewed said: "Everyone knows everyone else here, you know----it was embarrassing for me to have those things signed by the town clerk. He is a very nice man but you know...." A viable mechanism for making this determination which would not require that a lay local official have knowledge of each child in his community applying for Project 750 could certainly be devised.

IT IS RECOMMENDED, THEREFORE, THAT CERTIFICATION OF LEGAL RESIDENCE BE DETERMINED BY MEANS WHICH RESPECT THE CONFIDENTIALITY OF THE APPLICANT, CHILD AND FAMILY.

Regulation in need of enactment:

The present regulations and forms make no provision for recording the child's color. This is understandable in terms of accepted philosophies and practices at the time the regulations were developed in the early '60's. Times, philosophies and concerns have changed. Events in the black communities over the past five years [Black-White confrontations and several federal promulgations] have made it incumbent for responsible public officials to know what the distribution of clients and employees is by color.

Recently the charge was made by a responsible leader in the black community that there were no black children in the 750 program. While this charge in the extreme is without foundation, there was no data that could be produced at the time to clarify the situation. This study team was requested to supply the information and a rapid sample survey was undertaken. Our findings were:

1. Special classes for emotionally disturbed children in the City of Boston had a 9:1 black-white ratio.
2. A private day school which principally serves the City of Boston reported that close to 10% of its current enrollment of almost 150 "750" children were black. A private day school which principally serves the City of Springfield reported that approximately 6% of the "750" students enrolled during the past three years were black.
3. Two major residential resources with combined enrollments of over 220 "750" youngsters were canvassed; they reported an enrollment of approximately 4% black students.
4. Of the random sample of 130 families of "750" children interviewed during the course of this study, only 3 (2.3%) were black.

There is some indication that proportionally fewer black children are in residential placement than in day placement, and that proportionally fewer black children are in day placement than in special class. This trend is paralleled by the relationship between socio-economic class of family and services received by the child, i.e., the higher the class, the more likely a residential placement; the lower the class, the more likely a special class placement. This relationship is discussed further in Chapter IX, Research.

Other possible explanations for the differential placement of black children range from "black parents are more reluctant to let their children leave home" to "racial discrimination." Children should receive care most appropriate to meet their needs. Without current information it is difficult to recognize when services are not being delivered based on need. A census of the color of children applying, children approved and children enrolled should be undertaken so that unintentional biases are not built up and intentional biases can be detected. Color need not be associated with individual names; procedures can be developed for a census by inspection.

IT IS RECOMMENDED, THEREFORE, THAT SCHOOL SUPERINTENDENTS OF ALL SCHOOL DISTRICTS SUBMIT TO THE BUREAU OF SPECIAL EDUCATION MONTHLY TALLIES OF THE NUMBER OF CHILDREN BY COLOR WHO HAVE APPLIED FOR ADMISSION TO THE 750 PROGRAM. IT IS FURTHER RECOMMENDED THAT ALL PRIVATE SCHOOL ADMINISTRATORS SUBMIT TO THE BUREAU BI-MONTHLY TALLIES OF THE NUMBER OF CHILDREN BY COLOR WHO ARE ENROLLED IN THEIR PROGRAM.

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Selected regulations have been discussed in this segment of the report. Other changes in regulations are recommended, directly and by implication, in other sections of this report. It is apparent that the time has come to critically examine all the regulations governing 750, a task which was beyond the scope of this project.

IT IS RECOMMENDED, THEREFORE, THAT AN EVALUATION OF ALL THE REGULATIONS GOVERNING PROJECT 750 BE UNDERTAKEN. FURTHER, THAT A UNIFIED REFORMULATION OF THE REGULATIONS, BASED ON THE FINDINGS OF THIS STUDY, BE MADE.

Office procedures

The original thrust of this research endeavor did not include an examination of the clerical procedures involved in the Bureau's handling of the 750 program. However, in the course of drawing samples, examining records, and working closely with Bureau personnel, the study staff spent many hours at the Bureau and made observations which deserve comment.

In general it appears to be exceedingly difficult to know just where the program stands at a given point in time even along its most basic parameters. There is no accurate count of how many children have participated, how many have been terminated, how many in each service category, how many from each community. The only cross-indexing of records is for those youngsters actively enrolled in a private school--their file cards are grouped by school. All other records are arranged alphabetically. When our reserach team first began to work with 750 records, all case folders were filed alphabetically without any distinction between active and terminated cases, or between day, residential, special class or tutoring services. We are pleased to note that within the past few months efforts have been made to separate the files of the active and inactive cases.

This situation of inadequacy of records and record storage is in large measure a result of insufficient clerical assistance. Some progress in office management has been made during the past six or eight months, but much remains to be done. It would of course be a major activity at this point to cross-index the existing case records on variables which are vital to the efficient management of this program, such as, year of entrance, city or town of origin, sex, present status in program, type of program, name of approved school attended. However, it is not too late to begin this task with the incoming records and begin to work backwards in time as more help becomes available. The decentralization of the Bureau, as recommended in Chapter III, Staffing, would make the management of this task much easier.

IT IS RECOMMENDED, THEREFORE, THAT THE RECORDS PERTINENT TO THE EFFECTIVE ADMINISTRATION OF THIS PROGRAM BE MADE ACCESSIBLE BY THE INTRODUCTION OF VARIOUS OFFICE MANAGEMENT TECHNIQUES, SUCH AS CROSS-INDEXING AND FILING BY MAJOR CATEGORIES (DAY, RESIDENTIAL, ACTIVE, INACTIVE).

Automated data processing techniques have an important contribution to make in the management of this program in at least two major areas: 1. billing and 2. case records.

1. Billing: the introduction of automated billing would not only make the entire payment of fee for service procedure more efficient and possibly more economical, but it would introduce a capability which is not at this time present. This capability would allow the Bureau to "flag" payments to schools which have not complied with the regulations pertaining to submission of progress reports or discharge summaries, for example. The Bureau could thus withhold payment until the agreements

were fulfilled. The study team has observed that in a number of instances the only notification received by the Bureau regarding the termination of a child's enrollment is when the child's name fails to appear on the monthly voucher request. There is some reason to believe that as a consequence of this practice the Commonwealth is sometimes charged for children no longer enrolled. This approach to holding the schools accountable would likely yield positive benefits in the delivery of quality care.

2. Case records: there is a wealth of data contained in the case records on file. These data have potential significance for administrators, educators, clinicians, program planners, researchers and others. However, the information is not in a form which makes it economically accessible. It is possible to prepare application forms, follow-up forms, termination forms, etc. which are designed for direct optical scanning by computers. This information would be quickly read, stored on magnetic tape and thus available on short notice for answering a multitude of questions.

The Division of Research and Development, Massachusetts Department of Education, has the systems capability and hardware to automate the clerical operations discussed above and has already indicated to this study team and the Bureau its interest in entering discussions which could lead to implementation.

IT IS RECOMMENDED, THEREFORE, THAT THE BUREAU OF SPECIAL EDUCATION AND THE DEPARTMENT OF MENTAL HEALTH ENTER INTO IMMEDIATE DISCUSSIONS

WITH THE DIVISION OF RESEARCH AND DEVELOPMENT, DEPARTMENT OF EDUCATION, FOR THE PURPOSE OF INTRODUCING AUTOMATED DATA PROCESSING INTO THE 750 PROGRAM.

Chapter III

STAFFING

The staffing of this multimillion dollar program is woefully inadequate. Serving Project 750 which is responsible for approximately 1200 children in private care, 1200 children in special education programs of public schools and approximately 1700 children on the waiting list is the following roster:

1 Supervisor of Emotionally Disturbed Children - Full Time

1 Senior Clerk - Full Time

1 Mental Health Consultant - Part Time

In addition the attention of the Assistant Director of the Bureau of Special Education, the Assistant Commissioner for Children's Services (Mental Health), an accountant, and a clerk is given on a part time basis. There is supplementary clerical assistance during periods of college vacation.

The personnel responsible for the operation of this program, despite their sincere interest and dedication, have been so overwhelmed by the demands placed upon them that they are unable to be consistently responsive to the program's needs. There is very limited communication between Bureau staff and parents after a child enters the program (only 27% of parents in the sample had any contact with the Bureau post-entrance) and the exchange that takes place prior to that time is primarily of a clerical nature, i.e., associated with the proper filling out of application forms. Parents are concerned about this and have expressed their distress in the following words: "We need a liaison person who can tell parents where to turn if difficulties come up." "It's like waiting when you go to a doctor's office--to him it's nothing, to you a lot and it just takes him a minute to explain something or to console you." "The paper work takes so long, I didn't know what to do with him [son] meanwhile." "There is lack of integration and coordination between agencies--client is left in the middle with no one to turn to." There are parents who are fortunate in making their way through the overloaded system, e.g., "...the priest took it into his hands...",a local legislator "...is a friend of family...and he knew how to speed things up."

The communication that takes place between the Bureau staff and administrators in both the public and private schools is also very limited and apparently in the majority of instances tends to focus on matters of a clerical nature. What is needed from the program's staff is leadership in the field of special education for the emotionally distrubed, surveillance of the public and private programs for purposes of quality control and availability of professional staff who can be responsive to crises when they arise.

Regional coordinator

We strongly advise that seven positions of Regional Coordinator for the 750 Program be established to correspond with the seven regions now functioning under the recently re-organized Department of Mental Health. The development of a regional staff will serve to decentralize the operation of the 750 program and thus bring it closer to the consumers, i.e., parents, children, mental health agencies and practitioners, public and private schools.

The role of the Regional Coordinator will be complex, varied and vital. He will provide leadership in special services for the emotionally disturbed child to school systems, approved private schools and the mental health network. The introduction of new ideas and support for the techniques that have been tried and tested should be the hallmarks of this leadership. Furthermore, a more effective use of the program will result in having a Regional Coordinator serve an educationsl function as interpreter of the 750 program to both potential and actual consumers. Placing this coordinator in the Regional Office of the Department of Mental Health will help to strengthen the relationship between the two departments jointly responsible for the 750 program. This in turn would lead to the delivery of more comprehensive services for the children and their families.

The decentralization of the Bureau's operations would further lead to the processing of records regionally rather than at the Department level, which is the current practice. Having the records geographically closer to the people would result in more rapid responsiveness to families in crisis. Further, following such a reorganization, it could be reasonably expected that the time it takes to complete and process application forms will be appreciably reduced. Finally, the Regional Coordinator would be able to be more knowledgeable about assigning priorities based on need to individual cases, which is virtually impossible to do at the present time. This aspect of the program, and the consequences of pressure from political sources on professional decisions is discussed in Chapter IV in the section on Review Panel.

Time and again members of the research team were implored, during interviews and phone conversations with parents, to provide help, answers, or to demonstrate some concern. The parents were hurting, they did not know where to turn next, they were searching but didn't know how to look. The Regional Coordinator could function as the program ombudsman, able to respond to large and small crises with an appropriate action. In situations of transition or transfer he could serve as a coordinator of resources necessary for a positive resolution of a crisis situation, e.g., expedite a placement, arrange for another agency to enter the case, facilitate a transfer from one school to another, provide factual information and guidance regarding available resources.

The Coordinator would be in a position to have first hand knowledge of the public school and approved private school programs and thus he would be able to insure compliance with regulations and the delivery of quality care. Should he fail in these objectives remedial action in the form of sanctions against the schools, e.g., withdrawal of approval, reduction of rate or level of reimbursement, could be instituted at the Bureau level. Finally, the Regional Coordinators will participate as members of the Review Panel, recommended in Chapter IV, Identification, Assessment and Disposition.

In sum, the duties and/or the field of operation for the Regional Coordinators are recommended to be:

1) provide leadership in respect to implementation of new ideas or modification of old functions,
2) interpret the 750 program to potential and actual consumers,
3) develop more comprehensive services for children and their families and be able to respond rapidly to families in crisis,
4) assign priorities on the basis of need to the individual cases,
5) be an ombudsman for problems related to the 750 program,
6) assure compliance with regulations,
7) assure the delivery of quality care,
8) serve on the Review Panel.

We strongly advise that the Regional Coordinators have a doctorate degree from an approved university and by virtue of their training, academic background and experience have qualifications in special education, clinical assessment and treatment of the emotionally disturbed child. Civil Service Grade Level 21 is suggested for this position. The estimated annual cost of creating seven new positions, including the services of a half-time secretary for each, along with other necessary supporting services, e.g., travel, fringe benefits, supplies, is between $130,000 and $140,000 annually. Since these positions would be totally funded by the Bureau of Special Education it is expected that an appropriate arrangement would be made with the Department of Mental Health for sharing in the cost of the regional office quarters.

IT IS RECOMMENDED, THEREFORE, THAT SEVEN POSITIONS OF REGIONAL COORDINATOR FOR THE 750 PROGRAM BE ESTABLISHED TO CORRESPOND WITH THE

SEVEN ESTABLISHED MENTAL HEALTH REGIONS. IT IS FURTHER RECOMMENDED THAT THE REGIONAL COORDINATORS HAVE A DOCTORATE FROM AN APPROVED UNIVERSITY AND BE QUALIFIED IN SPECIAL EDUCATION, CLINICAL ASSESSMENT AND TREATMENT OF THE EMOTIONALLY DISTURBED CHILD.

It will be noted throughout this report that many improvements regarding the operation of this program are dependent upon the addition of highly qualified professional staff. We anticipate, and firmly hold the conviction, that an increase in staff will result in significant savings. However, these savings cannot be measured in terms of "out-of-pocket" dollar savings, nor should this realistically be expected in an area where there is an overwhelming amount of unmet needs and at a time when costs for all services are steadily increasing. What can be expected is more efficient and effective use of the dollars spent. The addition of necessary staff will increase the benefits derived from each dollar spent. The specific mechanisms for accomplishing this objective are detailed in this and other chapters of the report.

Transportation supervisor

The transporting of handicapped children to special schools is "big business" for the Commonwealth. The Bureau of Special Education expended approximately $1,750,000 in transportation costs during fiscal 1969. The 750 program's share of this item was in excess of $600,000. In addition the grant-in-aid fund to cities and towns reimburses 50% of the cost for transporting handicapped youngsters to public school classes. In the City of Boston, during fiscal 1969, an estimated

$60,000 was spent to transport by taxicab approximately 50 children attending special classes for the emotionally disturbed.

Many problems and issues arise, especially involving children attending both public and private day school, concerning transportation by private carrier. Some parents are confused about arrangements, particularly in the fall when classes for their children are beginning or resuming. Parents are concerned about the quality of the drivers--their empathy and understanding ("get in stupid!" one of the mothers heard a driver say to her child). Many of the children are transported excessively long distances, e.g., two hours each way, and are in poor condition to use their educational time constructively.

For these reasons we strongly suggest that a Transportation Supervisor be added to the Bureau's central office staff. The individual filling this position would be responsible for developing methods to coordinate the transportation program in order for it to operate smoothly and efficiently. Supervision would be exercised to insure that no child travels excessive distances to receive his education. Further, the economics of transportation would come under the Supervisor's consideration and he would try to assure that payment by the state for services it was purchasing was reasonable and fair. It has been suggested that collusion among cab companies has occurred in the submission of transportation contract bids, which has resulted in municipalities and the state paying excessive fees. Administrators of private schools have noted that they "can't get competitive bids" and further cautioned "check records carefully to make certain cab companies charge only for those children actually transported [charges are on a per pupil basis]." However, this kind of issue cannot now be policed because there is no staff available for this purpose. The Transportation Supervisor would also be responsible for exercising leadership in this area by developing new approaches, e.g., paying mothers to car pool, providing specialized in-service training for taxicab operators, planning educational experiences related to the transportation experience. The Supervisor would be able to respond effectively to the frequent transportation related crises.

In sum the duties and responsibilities of the Transportation Supervisor would include:

1) resolve problems involving excessive distances between home and school,
2) coordinate and police transportation contracts,
3) provide leadership in developing new approaches to transportation,
4) respond to crisis situations related to transportation difficulties.

Thus, the Transportation Supervisor could exert a salutary effect throughout the Bureau's transportation program. It is anticipated that the cost of supporting this position--approximately $15,000 a year--would be repayed many times over in actual dollar savings alone.

IT IS RECOMMENDED, THEREFORE, THAT THE POSITION OF TRANSPORTATION SUPERVISOR BE ESTABLISHED IN THE BUREAU OF SPECIAL EDUCATION.

Chapter IV

IDENTIFICATION, ASSESSMENT AND DISPOSITION

Identification

The identification of emotionally disturbed children presents a difficult problem. Kanner (1965) in his paper entitled Emotionally Disturbed Children: A Historical Review notes that "it is impossible to find anywhere a definition of the term 'emotionally disturbed children' which had somehow crept into the literature some 30 years ago and has since then been used widely, sometimes as a generality with no terminologic boundaries whatever and sometimes with reference to certain psychotic and near-psychotic conditions (p. 13)." The regulations governing Project 750 provide a General Definition of moderate to severe emotional disturbance which has specific application to eligibility for this program. The basic features of the definition are:

1. Child is "unable to profit from regular classroom work" as a result of emotional disturbance;
2. Child is "able to profit from a special educational experience";
3. Child is capable of profiting from "psychological treatment as determined by competent psychiatric authority";
4. Child is judged to be emotionally disturbed by a psychiatrist and in need of special services.

A precise definition of "emotional disturbance" is not included in the regulations--nor is it desirable to include a definition of this type; however, examples of symptoms, e.g., hyperactivity and severe learning defects, and specific exclusions, i.e., the primary diagnosis of multiply handicapped children determines the special education program for which they are eligible, are noted.

Implicit in the regulations is a concept of potential for remediation in an educational setting. The eligible child must be judged to be a "proper subject for education" and "able to profit from a special educational experience." There is only one section of the regulations (Article 10.1) which is more explicit in describing what the purpose and goal of this experience is to be, namely, that "efforts shall be directed towards the goal of integration of the child into a regular classroom as soon as the child is ready for this." This statement appears to be in reference to children enrolled in the public schools' special programs. However, as a result of the Article's failure in specificity and consequent ambiguity, it could be interpreted as applying to all youngsters enrolled in the program.

The need for specific program goals--and specification of essential features determining eligibility is evident. The confusion concerning the end purposes of this program among mental health professionals, educators, concerned lay public and even those professionals most closely involved was documented by the study team. The setting of goals and limits is essential for the proper and effective care of children.

Parent's View of Identification

Source of identification

The community resources initially involved in identifying an eligible child are listed in Table 1. This data is derived from parents' statements about how they first heard the 750 program might be available for their child.

Table 1

Sources of Initial Identification of Eligible Children

	n	%
Public School	38	31
Public Mental Health Clinic	23	19
Physician	11	9
Friend	7	6
Private Mental Health Clinic	4	3
Others	41	33
Totals	124	101*

*Not 100% due to rounding errors.

It is apparent that public schools and public mental health clinics accounted for 50% of the initial identifications. The most frequent responses included in the "other" category were referrals by social workers, a church leader or organization, or a specific 750 school.

Perceived reason for selection

Disciplinary problems and disciplinary problems in combination with learning problems were perceived by parents as the most common reasons for selection of their child for the 750 program (68% of the Residential School sample, 31% of the Day School sample, and 72% of the active sample fall into this category). Other reasons for selection, as perceived by parents, were withdrawn behavior, withdrawn behavior in combination with learning problems, and learning problems.

Parents' reaction to referral

Referral to the 750 program was clearly a relief for a vast majority of parents: 73% had a positive reaction to it. ("Finally I felt some hope!" said one of the parents. "It was a relief to all of the family, now I could begin to be mother to the other children...." said another parent); 14% of the parents had a negative reaction (many parents in this category were frightened or anxious about the future of the child, felt ashamed of having an emotionally disturbed child, or felt angry because of the apparent interpretation of their inadequacy as parents); the remaining 13% of the parents claimed not to have any reaction other than acceptance of the facts and necessities regarding the placement of their child into a 750 program.

It would seem, therefore, that parents recall public schools and mental health centers as primary identification sources and that they perceived selection of their children for the program as warranted. In general the referral to 750 was welcomed and it provided a certain amount of relief. Thus, the identification problem from the parents' point of view appears to be adequate.

Assessment

Identification and assessment can be separated only arbitrarily, since they are mutually interrelated in the process of determining eligibility. Nevertheless, we make this distinction for the purpose of clarity.

The current regulations require the following information for the purpose of assessment:

1. Educational background (completed by school)
2. Developmental history (completed by physician)
3. Family and household information (completed by parent or guardian)
4. Psychiatric evaluation--including intelligence testing (completed by child psychiatrist)

The only assessment made and reported on official forms to the Bureau is the psychiatric evaluation. The other "assessments" cited above resemble a historical recording more than an evaluative judgment. In most cases, by the time these forms are filled out, the school and/or parents have either made a judgment that the child is eligible or have acquiesced to someone else's judgment.

Though this program has a pronounced educational thrust, the official forms give virtually no significance to an educational evaluation and educational plan. The forms do call for an assessment of intelligence, but this is incorporated into the psychiatric evaluation. Furthermore, there are no particular standardized tests required and therefore the results of group tests as well as of individual tests are reported. However, the vast majority of the tests (86%) are either Binets or one of the Wechsler tests, occasionally the test is not identified. The psychologists responsible for the administration of the tests are not usually identified. In the vast majority of cases merely the test score range, e.g., 20-49, 50-79, etc., is reported, though occasionally some substantive remarks about intellectual functioning are included. The other segment of the educational evaluation is the recommendation of the superintendent of schools. This recommendation rarely went beyond or added anything to the recommendation of the psychiatrist.

We have suggested in Chapter I, Basic Philosophy, that this program be oriented in terms of a "family problem" not simply a "child's problem." Adopting this view would require an assessment of what is happening in the family at the time, what role does the child play in the constellation of operating forces, and what are the optimal alternatives available in the context of the total family. Families often project and displace their pathology on a single member and thereby label him as the "sick" one. While this approach serves to defend family members, it is often at the price of signifying one family member as inadequate when this may in fact not be the case. It was the impression of the research team's interviewing staff, corroborated by interviews with public school administrators, that a similar mechanism was operating for a small number of 750 children. The need for a full assessment of a treatment plan for family and household will receive additional attention in Chapter VI, The Involvement of Parents.

The most complete assessment, as we have already indicated, is carried out by the child psychiatrist. While we are aware that full psychiatric evaluations are usually made, frequently the material sent to the Bureau includes only a series of judgments about: 1. the child's psychiatric diagnosis, which presumably summarizes the bulk of the assessment; 2. the type and source of services recommended for the parents; 3. the type and source of medical or psychiatric services recommended; 4. the type of placement the child should or should not undertake, e.g., tutoring, special class, day school, residential school. These assessments are reported in brief form and do not require rationale. The only narrative that the psychiatrist is required to submit is specified as "briefly describe the major characteristics of the candidate's behavior related to possible need for special education instruction."

The psychiatric assessment might be adequate, but it does not go far enough. Among the major omissions is a suggested treatment plan which includes specific goals. The development of an effective treatment plan requires an assessment of the child's strengths as well as his deficits. As the official application forms are now constituted, the emphasis is clearly on pathology and not on health or achievement. We have strongly suggested in other sections of this report that the philosophy and emphasis of this program should move in the direction of health and accomplishment and away from a focus on pathology and deficit. The incorporation of the above considerations would be a practical application of this philosophical approach.

The present weighting of the psychiatrist's evaluation seems to be disproportionate relative to the educational orientation of the program. Personal interviews with public school administrators responsible for 750 were conducted in six major school districts; the response to the query, "How many youngsters recommended for '750' were subsequently rejected by the screening procedures?" was an invariable "None." Though there are many screening levels after the application leaves the the local community, the only screening that seems to count in practice is the psychiatrist's recommendation.

At the community level a system of "accommodation" operates, as it was phrased by a local Director of Special Education. He noted that, "once a referral is made, it is really not questioned. The psychiatrist's recommendation is always approved by the superintendent of schools, even though there are cases which do not appear to be educational problems. I accommodate the psychiatrist by approving his referrals and the psychiatrist in turn approves cases the school refers to 750." Another Director stated the case in these terms: "Actually we've had some accepted whom I felt very strongly should have been rejected. Don't know what we would have done with them, but on the other hand I didn't see any hope. I think it's our obligation to make an attempt, somebody else's to say 'No.'"

An administrator in the Department of Education has described the built-in screening procedure from the superintendent of schools' level up to the Governor's signature as a "rubber stamp" of the psychiatrist's recommendation.

IT IS RECOMMENDED, THEREFORE, THAT THE FOLLOWING THREE AREAS RECEIVE EQUAL EMPHASIS IN THE ASSESSMENT PROCESS:

1. EDUCATIONAL
2. FAMILY AND HOUSEHOLD
3. EMOTIONAL - BEHAVIORAL - DEVELOPMENTAL

THE ASSESSMENTS ARE TO BE COORDINATED OR COMPLETED BY 1. A CERTIFIED SCHOOL PSYCHOLOGIST (EDUCATIONAL); 2. A SOCIAL WORKER OR PROFESSIONAL WITH COMPARABLE EXPERTISE (FAMILY AND HOUSEHOLD); 3. A MENTAL HEALTH PROFESSIONAL (EMOTIONAL - BEHAVIORAL - DEVELOPMENTAL). THE ASSESSMENTS WILL BE BALANCED IN TERMS OF CONSIDERATION OF STRENGTHS AND WEAKNESSES. IT IS FURTHER RECOMMENDED THAT THESE ASSESSMENTS BE COORDINATED AND INCLUDE THE SETTING OF REALISTIC GOALS, RESULTING IN A COMPREHENSIVE PLAN FOR RESOLUTION OF THE PROBLEM.

Manpower and diagnosis

It is evident from the preceding paragraphs that the selection procedures in Project 750 are very heavily influenced by the decisions of child psychiatrists. It appears, on the basis of the records search conducted during the course of this study, that the major emphasis during the eligibility period is on psychiatric assessment and there is extremely little concern with the development of "an appropriate educational program" as required by the current regulations. Perhaps it will be argued that the recommendation of the type of placement, e.g., day, residential, special class, is the development of "an appropriate educational plan;" however, in the context of the manner in which many of these placements have been made (see Table 2) and the relative lack of rational referral as described in the next segment headed Referral, this is not an adequate rebuttal.

Table 2

Major Reason for Selection of School
N=125

PUPIL'S STATUS	FRIEND RECOMMEND		M.H. PROFESSIONAL		EDUCATOR		OPENING AT SCHOOL		SPECIALIZATION OF SCHOOL		GEOGRAPHIC PROXIMITY		COMBINATION OF REASONS		OTHER	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Terminated Residential (n=64)	1	2	17	27	5	8	7	11	5	8	2	3	23	36	4	6
Terminated Day (n=29)	0	0	10	34	3	10	1	3	1	3	2	7	11	38	1	3
Active (n=32)	4	13	8	25	2	6	4	13	0	0	2	6	11	34	1	3
Totals	5	4	35	28	10	8	12	11	6	5	6	5	45	36	6	5

Much of the psychiatric orientation in the 750 program can be attributed to the regulation that "a child shall be eligible to participate in this program only after he has been examined by competent psychiatric authority." Furthermore, a psychiatric diagnosis is required for each eligible child. These requirements preclude the use of other mental health professionals who are competent to make judgments concerning a child's eligibility for special education and to assess his emotional and behavioral condition in the determination of eligibility for 750.

There is a manpower shortage of mental health professionals in the Commonwealth as well as throughout the country. While Massachusetts is fortunate in ranking very high in terms of number of psychiatrists and number of professional man-hours available in out-patient mental health clinics, these resources are not equally distributed and many of the psychiatrists and clinics are overtaxed. Conners (undated) has observed:

> The availability of psychiatric resources in various areas of the Commonwealth appears limited when one observes the high correlation between the development and establishment of special educational programs in public school systems and those communities where either the per capita income level is high or where there exists a community and state sponsored mental health center. The provision of psychological consultative services where limited community resources exist appears necessary to meet the needs of children and school personnel (p.28).

The involvement of a broader professional base, i.e., other disciplines, in the early stages of assessment and planning will help to ease the shortage of professional man-hours available, deliver more services to the "have-not" communities, and speed up the time it takes to complete an application. The suggested method for easing the "manpower crunch" is interrelated with the requirement of a diagnostic label for each eligible child. Compliance with this regulation has distinct medical-legal ramifications. Much has been written about the problem of "labelling," which so often dominates large institutions and makes it difficult to become unlabelled or relabelled. This is a problem which is analogous to the familiar concern of Hollywood actors and actresses, the fear of "type casting"--once perceived in a particular role with particular attributes it is often very difficult for others to change that perception despite objective evidence to the contrary. It is a familiar problem in the field of mental health and retardation and it is a problem which is potentially exacerbated by the requirement to label a child for the record with an official psychiatric diagnosis for the purpose of establishing eligibility.

During the course of a number of interviews, parents expressed specific anxiety about what impact the diagnosis would have on their child's life: "Who would see the record?", "Would he be able to enter the armed forces?" This is a concern of public and private school administrators as well and was expressed as follows: "We must be very responsible about labelling children." "Labelling is a problem, how long will the stigma last?" "Just who does have access to the files and who sees the diagnoses?" We did not conclusively document any instances in which children were obviously hurt as a consequence of a psychiatric diagnosis, although the team did encounter "soft evidence" in this regard. In addition there was anxiety among parents and professionals which lead us to question the utility of a diagnosis for the purpose of gaining entrance into the program

The key issue as we see it, has been succinctly summarized by Clark and Lesser (1965):

> Any person who has ever been labeled "emotionally disturbed" or "mentally ill" can tell you what a profound effect the label has had on the course of his life. Before assigning a label to anyone it is wise to determine the reasons for doing so. Sometimes it is done in an effort to make the name giver more comfortable. If one cannot solve a puzzle, he can feel more in control of it by placing it in a category with a proper name. Instead of saying "I don't understand why Johnny behaves that way," one can say "Johnny is psychotic." If placing the name "psychotic" helps Johnny by helping you to understand him and to help him, fine. If the puzzle is no nearer solution, we have done Johnny a disservice (p. 8).

Based on our observations and impressions gained from public and private school officials, the diagnosis is unnecessary for the purposes of the program. A full description of behavior, both strengths and weaknesses, pertinent to the need for special education would be far more valuable. Rubin (1966) notes, "clinical diagnostic categories useful for treatment procedures cannot be considered equally appropriate for the planning of educationally-oriented intervention programs (p. 29)."

There are those that contend that the diagnostic categories have value. In a sense we have some evidence to support this view. However, the indication is that the diagnoses are more likely to be a gross index of severity than a determinant of educational-remedial-treatment procedures. C. W. McDonald of Project Re-Ed, states: "The formal psychiatric diagnosis is of little value in the process of reeducation.... We have not been able to specify differentiated treatment procedures for differential diagnoses, nor have we observed thus far any relationship between diagnosis and responsiveness to the school program (p. 6)." Psychiatrists and school administrators (mental health professionals) have strongly suggested that the diagnoses are not very reliable, e.g., "I don't consider the psychiatrist's evaluation an evaluation--primarily a ticket into the program.", "I couldn't believe the Bureau had no questions, no clinical team to review, e.g., 40% of the diagnoses were 'reaction to childhood'--I inquired, but received no response."

There is sufficient indication that child psychiatrists are reluctant to label children they do not see in active treatment. The nationwide statistics for outpatient services in 1966 (Rosen, et.al., 1968) indicate "Thirty-four percent of the children who were terminated from clinic service received a diagnosis of transient situational personality disorder while 25 percent were 'undiagnosed' (p. 4)." It was further reported that the large proportion of children not receiving a diagnosis reflected to a large extent the brief contact that many children have with a clinic, the reluctance of the clinical psychiatrist to "label" a patient, and the inadequacy of the diagnostic classification for many children's disorders. Approximately 40% of the children accepted into 750 had no contact with mental health facilities prior to their application.

Since the present mandate of 750 does not include basic research on diagnoses, and the potential harm of labelling appears to outweigh the potential benefit, it seems desirable to eliminate the requirement of a diagnostic label.

Eliminating the requirement of a diagnosis will not eliminate the problem of "stigma," but it will be a step in the right direction. Substituting increased emphasis on 1. need areas, 2. areas of strength and weakness and 3. recommendations and plans which are relevant to realistic goals will be far more beneficial to the individual child.

IT IS RECOMMENDED, THEREFORE, THAT THE ELIGIBILITY REQUIREMENT OF A PSYCHIATRIC DIAGNOSTIC LABEL BE DELETED FROM THE REGULATIONS AND IN ITS STEAD THERE BE MORE EMPHASIS ON FULL BEHAVIORAL DESCRIPTIONS RELEVANT TO THE CHILD'S NEED FOR A SPECIAL EDUCATION PROGRAM. IN ADDITION IT IS RECOMMENDED THAT EMPHASES BE PLACED ON THE DEVELOPMENT OF EDUCATIONAL TREATMENT PLANS WHICH LEAD TO GOALS THAT ARE REALISTIC AND ACHIEVABLE.

The elimination of a psychiatric diagnosis requirement would make it possible for other mental health professionals as well as psychiatrists to certify the eligibility of a child, thus giving the program access to increased manpower resources. In addition eliminating the diagnostic requirement would help to orient the program's emphasis toward learning and strength and away from pathology and deficit. It has been stated that there is a medical-legal issue involved because the certification of a child's eligibility is in effect a prescription for medical treatment. A leading authority in the field of legal medicine was consulted about this interpretation of the law. His view was that this was not the case, that eligibility under the present law did not constitute a medical prescription and that the law did not preclude other professional disciplines from certifying eligibility.

We are aware that the Departments of Education and Mental Health are concerned with professional standards and have defined the certifying authority narrowly in an effort to insure trusted judgments. The time is at hand to reconsider this view and to allow other disciplines with comparable credentials an opportunity to apply their expertise and service to this program.

IT IS RECOMMENDED, THEREFORE, THAT THE CURRENT REGULATIONS BE AMENDED TO INCLUDE CLINICAL, COUNSELLING AND EDUCATIONAL PSYCHOLOGISTS WHO ARE DIPLOMATES OF THE AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY AS PROPER AUTHORITIES TO CERTIFY ELIGIBILITY FOR THIS PROGRAM.

Rational referral

How do children approved for a private placement get to a particular school out of the 45 schools currently on the approved list? Is there a "fit" of particular child to particular school? Is the school able to provide what the child needs most?

On the basis of parent reports the selection of the particular school in which their child was enrolled resulted from a recommendation by either a professional mental health worker or educator in 50% of the cases. Available opening and geographic proximity accounted for more than 20% of the selections. The specialization of the school was a major factor in approximately 5% of the placements.

Thus, it is clear that the referral process to these private schools takes a variety of forms. Some schools are suggested by the referring psychiatrist, a public school adjustment counselor, or a staff person in the Bureau of Special Education. All too often the parents are given a list of the approved private schools and told to find a placement for their child.

Ten percent of the parents interviewed suggested that better matching of children and schools was very important. As several mothers put it, "The list of schools should be more to the specifics of the child's needs.", "I think they [the children] should be more of the same nature. You wouldn't put someone who had committed a crime once in with hardened criminals. Should classify them [the children] either by school or within the schools." At this time there is no source in the state with close working knowledge of all the approved schools. Therefore, there is limited possibility at this time of making a rational referral, i.e., matching a child and his problems to a school and its particular strength, either by professionals or parents. As a consequence of this void, the referral process is often extremely frustrating, marked by many false starts and instances of gross mismatching.

In an effort to remedy this difficulty the project staff with the aid of a Title I grant from the Bureau of Special Education undertook the development and publication of a Resource and Referral Handbook designed to meet the needs of Project 750. This Handbook will be distributed in September, 1969 to all approved referring psychiatrists, all school districts, and all community mental health facilities in Massachusetts. Copies will be available for additional distribution by the Bureau of Special Education.

The Handbook will have three major sections:

1. A description of the 750 program, its history, provisions and the procedural steps involved in making use of the program;
2. A description of each approved private school, based on a self-report (sample page follows);
3. An index.

Sample Page
(Resource and Referral Handbook)

CHARLES RIVER

NAME OF SCHOOL:
Charles River Academy

TELEPHONE:
(617) 868-5380

APPROXIMATE CENSUS:
67

LOCATION:
5 Clinton Street
Cambridge, Massachusetts 02139

TYPE OF SCHOOL:
Day

AGE RANGE ACCEPTED:
12-16 (boys)

PROGRAM:

The purpose of Charles River Academy is to help the student of normal intelligence who is not functioning at his capacity in a regular school situation because of learning disabilities to become a mature self-sufficient individual and a positive influence in our society. The program has a two-fold role of bringing the student up to his natural level of achievement (with the hope of returning him to his regular school situation) and of preparing him for life after the completion of his education at the school.

CURRICULA:

The academic program includes courses in English, mathematics, social studies, science, French, art, music, motors and physical education. The humanities approach is utilized in most subject areas. Although each of the major subject areas deals with basic remedial techniques, these also emphasize, not only knowledge of a specific area in depth, but also ability to do related work as independent study. In all subjects every sensory means possible is used to teach each particular course. Classes vary in size according to student's particular needs; the ratio of students to staff is eight to one. A vocational program is provided including driver education, associations with trade schools, apprenticeships in industry and business and a placement service encompassing vocational testing and guidance. In addition, the school tries to find employment for the summer vacation. Extra-curricular activities include the school newspaper, chess and photography clubs, drama, student council. C.R. has a vigorous and intensive physical education program.

CRITERIA USED FOR REJECTING APPLICANTS TO SCHOOL:

If a youngster is obviously severely emotionally disturbed so that he cannot function in a classroom situation and would not be able to commute daily to a day school, we do not accept him.

TYPES OF CHILDREN WHO SEEM TO HAVE THE MOST SUCCESSFUL OUTCOME AT CHARLES RIVER ACADEMY:

In interviewing a prospective student, we are primarily interested in finding out what particular ego-strengths the child has left, considering he has failed in the academic area. We are looking for the participation by the students in Scouts, Church organizations, Little League teams, positive camp experiences, art, etc. We find that if the young man has been able to maintain the ability to concentrate and keep up a fairly deep interest in an activity outside of the academic area, that we have a good chance of reaching him through our extra-curricular program, which in turn, builds up his confidence and provides impetus for continued effort on his part in the classroom.

TYPES OF CHILDREN WHO SEEM TO HAVE THE LEAST SUCCESSFUL OUTCOME AT CHARLES RIVER ACADEMY:

The youngster who applies to Charles River Academy whose main interest outside of school is simply coming home and watching television, staying primarily to himself and not really able to concentrate on any particular activity, we have found, offers the poorest prognosis for success at CRA.

PROCEDURE FOR FOLLOWING UP STUDENTS POST-DISCHARGE:

In the past four years the general procedure for following our graduates has been an alumni dinner, following graduation, and letters to the parents and students occasionally, asking them to keep in touch with the school, more or less in the nature of a greeting, and general inquiry on how they are doing. We have found that most of the young men, if they are in the area will continue to drop by the school at least two or three times a year so that we are able to keep track of what they are doing.

The Handbook will be printed by offset and bound in a loose-leaf, vinyl covered ring-binder measuring 8 3/4" x 6 1/2". The loose-leaf binder arrangement makes it both feasible and practical to supply the Handbook with new information in order to keep it current. Further, this updating can be done very economically.

This additional tool, the Handbook, will not ensure the best possible placements but it will help the professional to assume more of the responsibility for school selection.

Review panel

In many chapters of this report reference has been made to lack of adequate professional review or involvement in critical decisions affecting children and their families. The need for a Regional Staff has been documented. The Regional Staff in collaboration with Bureau and Department of Mental Health staff could fill a critical need by serving on a Review Panel. The duties and responsibilities of this panel would be to review case material and approve or make decisions about plans for individual children at four critical points in the program: 1) admission; 2) annual review; 3) transfer; 4) termination.

The need for an impartial, professional Review Panel is highlighted by the following remarks of professionals in both public and private schools:

> Some children should be identified as institutional cases earlier--even at intake--however various pressures are experienced from politicians, parents, professionals.
>
> Both Education and Mental Health have to develop greater understanding of limitations of certain children and certain schools.
>
> Should be more strict on moving children from school to school. Bureau of Special Education takes no professional role in these transfers.
>
> Have impression that if youngster behaves well in program, schools seem to keep them.
>
> Political pressures are brought on the school to keep children--even against the best professional advice.

A program which has a waiting list of 1700 eligible children is obviously subjected to considerable pressure. How are decisions now made about who stays in the program, who gets out, which children get "jumped" ahead on the waiting list?

The data from our sample (Table 3) indicate the distribution of reasons for termination.

Table 3

Reason for Termination

Type of School	RECEIVED MAXIMUM BENEFIT	SCHOOL UNABLE TO COPE WITH CHILD	SCHOOL OTHER	PARENTS WANT CHILD HOME	PARENTS DISSATISFIED WITH PROGRESS	PARENTS DISSATISFIED WITH SCHOOL	PARENTS OTHER	CHILD RAN AWAY	CHILD OVER AGE LIMIT
Day n=27	37%	18%	7%	0%	4%	18%	4%	11%	0%
Residential n=65	46%	18%	11%	3%	2%	8%	5%	5%	3%
Totals n=92	44%	18%	10%	2%	2%	18%	4%	6%	2%

Note that only 44% are terminated for what appear to be reasons based on professional judgments, i.e., received maximum benefit Very frequently the terminations are haphazard, e.g., calls in the middle of the night to pick up the child the following A.M., parents getting upset by something which happens at the school and withdrawing a child on short notice. One mother commented that she wasn't aware that her child was coming home until the morning of the day he was to leave school. The school simply called one morning and requested that she pick her child up that afternoon. Another parent commented that "the school called us up on Thursday, telling us to come get B tomorrow because he was too disturbed for the school." It would appear that many termination, and retention, decisions are based on the schools' management considerations, convenience of the family or some other reason which does not consider the needs of the child.

Children enrolled in 750 and children eligible for enrollment have been subjected to considerable abuse by political leaders in this

Commonwealth. Political pressure has been exerted to influence decisions for children to stay in an approved school long after the professional decision has been made that the child cannot benefit. Political pressure has been exerted to influence decisions to "jump" children ahead on the waiting list, not because their need was more acute but because a constituent had "gotten to them." It _must_ be understood that for every private school slot occupied by a child who cannot benefit. there are hundreds of children on the waiting list who could benefit. It _must_ be understood that all eligible children are not equally in need of the program; that the program is more critical for some than for others; that for every child "jumped" because a public figure has said "jump," there are probably 10's upon 10's of children whom a professional would judge to be in greater need.

We understand the role of elected and appointed officials. It is to prod and question. not to determine, and in our society it is a necessary and good role. But there are those who pressure and those who comply; there are those who intimidate and those who are intimidated. All are at fault. Politics must be removed from the arena which is properly professional. To do otherwise will result in more children being hurt, not because they deserve it or can't be helped, but simply because their parents did not have "power." The establishment of a multidisciplinary professional review panel will help to insulate the clinical-educational decisions, which need to be made, from the influence of understandable but unacceptable political pressure.

Perhaps the most difficult judgments the review panel will have to cope with are those which involve the decision either not to admit a child or to terminate a child because the prognosis is too pessimistic. To avoid this responsibility, as has been the case, is to vitiate the potential this program has for helping children to achieve a meaningful education and to become productive or self-sufficient adults. One residential school director stated, "Perhaps it is better to place the obviously long term case in state institutions, rather than build up false hopes." This year an attempt is being made to evaluate 220 children who have been enrolled in 750 four or more years. The indication is that the majority of these youngsters have received little benefit in terms of the kinds of goals discussed above and in Chapter I, Basic Philosophy, and that the majority of the children are not equipped either to return to public schools or become self-supporting. Many of these children no doubt could have been terminated on the basis of professional judgment at a much earlier time, perhaps even excluded, if an adequate mechanism had existed. For every slot these children occupied, for every year occupied with minimum benefit, there were children who could have received maximum benefits--but instead moved from an acute condition with an optimistic prognosis to a chronic condition with a pessimistic prognosis while they languished waiting for an opening. One mother emphasized this problem by commenting, "It took an awful long time to get him into the program--probably about 2½ years."

750 is a system with a finite number of available slots, a finite number of dollars, and for each child enrolled there is another child

waiting. Under such circumstances hard decisions must be made. The ideal approach is to optimize the ratio between costs and benefits. In order to do this the judgment will have to be made that some children can benefit more than others, and the former are the children who should be accepted.

This is a position which will not be acceptable to many professionals and parents. The argument is that nobody can predict future outcome with certainty. That is true, but professionals are able to assess probabilities, and decisions are made on this basis daily. In a finite system it is less humane to try to help those who are least likely to benefit and by so doing prevent helping those who are most likely to benefit.

The issue in a very real sense is more related to limited availability of appropriate resources, than it is to "How dare you play God?" The development of alternative resources is discussed in the next section on Alternative Resources.

IT IS RECOMMENDED, THEREFORE, THAT A REVIEW PANEL BE ESTABLISHED FOR THE PURPOSE OF REVIEWING DECISIONS AND MAKING DETERMINATIONS BASED ON PROFESSIONAL CONSIDERATIONS AT THE FOLLOWING CHECK POINTS IN THE 750 PROGRAM: 1) ADMISSION; 2) ANNUAL REVIEW; 3) TRANSFER; 4)TERMINATION. THIS REVIEW PANEL SHOULD CONSIST OF REGIONAL COORDINATORS FOR PROJECT 750, BUREAU OF SPECIAL EDUCATION STAFF, AND DEPARTMENT OF MENTAL HEALTH STAFF. THE PANEL SHOULD MEET WEEKLY, THREE MEMBERS PARTICIPATING ON A ROTATING BASIS AT EACH MEETING.

Alternative resources

In this state there is a desperate need for resources to care for severely disturbed youngsters below the age of 16 who have a chronic condition and a poor prognosis. Currently, there are between 130 and 140 state mental hospital beds for children in this age bracket. This is far from enough, a situation long recognized by the Department of Mental Health. However, in the past decade there have been virtually no additional residential facilities developed by the state.

To develop adequate new facilities requires tremendous capital outlay which the Commonwealth is not likely to consider at this time. Even if the General Court were to allocate funds for this purpose, the completion of such facilities would be anywhere from three to five or more years in the future. Action is needed now, and the private sector is the most likely sector to be in a position to respond in the same manner as it has been responding to 750.

IT IS RECOMMENDED, THEREFORE, THAT THE DEPARTMENT OF MENTAL HEALTH DEVELOP A PURCHASE OF SERVICE PROGRAM WHICH WOULD PARALLEL THE PRIVATE SCHOOL PROVISIONS OF 750, BUT BE DESIGNED TO MEET THE NEEDS OF SEVERELY DISTURBED YOUNGSTERS WITH POOR PROGNOSES AND LIMITED EDUCATIONAL POTENTIAL.

It is likely that humane custodial service with an emphasis on symptom reduction through behavior modification approaches could be purchased at a lower rate than that currently being payed under 750.

There is good reason to believe that if a commitment to this approach were made by the Department of Mental Health, qualified professionals and possibly major industries would begin to develop appropriate facilities--and operate at a much faster pace than government.

The interdependence between this recommended program, Project 750, and the Division of Child Guardianship is discussed in Chapter VII, Transition.

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Chapter V

THE SCHOOLS

The bulwark of the 750 program, since its inception, has been a network of private schools offering specialized education and treatment to emotionally disturbed children. During the year 1967-68, 48 schools served almost 52% of the 2324 Massachusetts school-age children officially enrolled in Project 750. The remaining children enrolled in Project 750 during 1967-68 were served by local school systems, preponderantly through some form of tutoring program.

Criticism:

The use of private schools has recently come under attack. The following are some of the more commonly expressed negative criticisms: 1) the cost of sending children to these private schools is excessive; 2) tax dollars are leaving Massachusetts to pay for residential placements in other states; 3) the children should come back "home," i.e., Massachusetts; 4) the public schools should be able to accommodate the children currently in or referred to day schools. This is not an exhaustive list. Each of these critiques has a strong element of truth in it, but to consider them in isolation or without an overview of the situation would be a disservice to the children of Massachusetts.

The legislation which makes the 750 program mandatory in all school districts with five or more emotionally disturbed children becomes effective in the fall of 1970. On the basis of epidemiologic projections ("Approximately 10% of the more than one million school-age children in Massachusetts are emotionally disturbed to the degree of requiring professional assistance (p.38)."*) and direct experiences of school systems, the implementation of the act is more likely to produce an increase in 750 referrals than to absorb those youngsters now being educated in the private sector into the public schools. It has been the experience of Massachusetts school systems that the more pupil personnel services provided for emotionally disturbed children, the more emotionally disturbed children there are identified. One major school system with an above average number of 750 special classes states that they could fill up to ten times that number of classes if they had the resources. It appears therefore that in the forseeable future there will be a continued need for a combination of public and private resources in order to serve the goals of this program.

Criticisms considered:

1. In reference to the charge that costs are excessive it seems that there is both foundation and lack of foundation for it. The strong indication is that the Commonwealth could not provide residential education and treatment services at a cost which is significantly lower than it is now paying for these services on a contractual basis. In fact it is more likely that the cost would be significantly higher per child/per year if the Commonwealth were to establish residential facilities for this purpose. The annual cost per child at the Gaebler Unit of

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*The Medical Foundation, Inc., Mental health for Massachusetts--the report of the Massachusetts mental health planning project, 1965.

Metropolitan State Hospital has been estimated to be in excess of $12,000. This figure did not include amortization of capital costs. The expenditure is much higher than the maximum fee of $7500 per child/ per year paid under 750 to private residential schools. However, in some instances the care being provided in the Private schools appears to be inadequate and of poor quality; in this sense the cost can be considered excessive.

With regard to comparative costs between private day schools and quality public school programs, i.e., those with teachers trained in special education, low teacher-pupil ratios, and professional back-up services for the classroom teacher, the private tuition is very competitive. As it has been pointed out above, in some instances the quality of a private school's program may be brought into question. Only 63% of the total sample of day and residential students had one or more progress reports in their files at the Bureau of Special Education. Only 31% had any record of discharge in their files. Based on an inspection of available records, many students receive no discernible form of systematic treatment during their placement in the private schools. The parents reinforced our perception of the apparent lack in therapeutic services their children were receiving: "I feel there is no hope because there is no therapy there for him." "A boy like G. should have a psychiatrist see him every day, not once a month." "There was no one there [school] seeing her about the real [emotional] problem."

2. It is undesirable for tax dollars to be leaving the Commonwealth in order to pay for residential services in other states. An estimate

based on enrollment records places the amount of money going out of state at 3 to 3½ million dollars per year. From a fiscal standpoint this is indeed an important concern.

3. In view of the primary goals and objectives of this program, placing large distances between child and family or child and community serves more to alienate than to integrate the child. Many of the children are effectively cut off from their families, except for periodic home visits, and the likelihood of a meaningful ongoing relationship between the staff of the school and the parents is diminished as a function of distance. Thus, responding to criticism 3, "bring the children home," would simultaneously result in diminishing the flow of tax dollars out of the state for this program.

4. Based on the interviews with administrators in various school systems of the Commonwealth there does seem to be good reason to believe that IF the facilities and resources were available, many of the children currently enrolled in private day programs could be adequately served in public school settings. In fact one group of public school system administrators stated that many of the children in their special class--for whom there existed no alternative resources--were more seriously disturbed than some of the youngsters who had been placed in private schools. The number of special classes in Massachusetts is increasing. In 1965 there were 18 classes in 11 cities; in 1968 it had risen to 61 classes in 35 cities; and as of August, 1969 there were 82 classes in 52 cities. The amendment to the original

750 legislation, making programs and treatment for the emotionally disturbed child mandatory in the public schools, goes into effect in 1970, but the growth in the number of public programs being developed and the combined resources of the public and private sectors will still not be adequate to meet the need.

Constructive approaches:

Costs for special education, whether it be public or private, are on the increase. Over the 5 year period 1964-69 the maximum tuition at day schools has had a mean increase of 18%, while at residential schools the maximum tuition has had a mean increase of 39%. Twenty-seven percent of the approved schools receive less than their maximum fee from the Commonwealth. When broken down into day and residential categories, 18% of the day schools and 37% of the residential schools receive less than their maximum fee for 750 students. For these schools, it seems, the state's ability to pay is considered on a sliding fee schedule basis. The Department of Public Welfare, through its Division of Child Guardianship, is paying a tuition rate as much as 60% more than that payed by the Bureau of Special Education to the same residential schools for essentially the same services to the same type of child. This point is made to indicate that the 750 program is not paying excessive fees, and in some instances it is purchasing services at bargain prices.

Excessive expense occurs when the expected professional services, especially those required by current regulation, e.g., psychiatric or other remedial treatments recommended by the referring psychiatrist, bi-yearly summaries, annual case conferences on each child which include a representative of the 750 program, and/or post-termination planning, are not delivered. This does occur in a substantial number of cases. In contrast (based on interviews with private school administrators and an in-depth discussion with a Department of Public Welfare administrator) it appears that the Special Services Unit, Division of Child Guardianship, has had greater success with those schools also serving 750 in developing quality services and more comprehensive delivery of care for emotionally disturbed children. The likelihood is that the key reason for this difference is the availability of field staff who relate directly and regularly to the schools. Field staff are in a position to foster increased levels of cooperation and involvement. Furthermore, the field staff learn directly the type of programming and care that their clients are receiving. As a consequence of such first hand knowledge, and through judicious use of influence, they can insure a higher quality of care. They are also in a position to seek out more adequate resources for the children if this is indicated. The total absence of field staff in the 750 program has to this date made the approach described above impractical and impossible. Chapter III, Staffing, discusses this issue in greater detail and includes specific recommendations for remediation.

Returning the children to Massachusetts is a sound idea from a fiscal and therapeutic point of view. However, the resources necessary to make such a return possible are not now available in the Commonwealth, nor will the increased numbers of public school programs have a significant impact since many (and it appears most) of the children placed in residential settings would continue to need this type of service. Data from our sample indicates that only 4% of children recommended for day school wind up in a residential setting, while approximately 38% of children recommended for residential placement wind up in day school.

Over the past decade the development of additional in-state residential resources for school-age children has come almost exclusively from the private sector. If past performance is to be taken as an indicator, future expansion will also come from the private sector and will most likely require certain kinds of economic incentives and guarantees for development of these resources. The Commonwealth's role in developing its own network of educational and treatment resources is discussed and specific recommendations are made in Chapter X, The Re-Education Model.

The dramatic expansion of public school services in compliance with the "mandatory" amendment will not in itself assure quality programs or programs of adaquate size to meet the community's needs. In fact it is likely that a number of public school systems will develop programs of questionable quality. The quality might fall short of private school quality not through any intention on the public school's part, but as a consequence of a "leadership vacuum," lack of professional resources and inadequate funding by the local government. The issue of inadequate funding could be approached through a renegotiation of the current reimbursement formula of 50-50 to the cities and towns for special school services to the emotionally disturbed to a more favorable ratio for the local communities, e.g., 75% state-25% local. A reimbursement formula change would undoubtedly be an incentive to develop more services and higher quality services. However, to meet the issues involving leadership and manpower, other solutions may be necessary, e.g., 1. the development of private day programs could be fostered to serve certain areas of the Commonwealth which are "sparsely" populated and where the local communities are experiencing difficulty in putting together a quality program, and 2. regional public school programs in the more highly developed school systems could be promoted.

Regional centers:

An examination of public school special classes and programs for emotionally disturbed children was not within the scope of this study. However, in the course of our research we spoke to many educators, mental health professionals, parents and others who had comments, observations and suggestions regarding the public school's role.

It is apparent that special programs for the emotionally disturbed have lagged in many public school systems because it was more economical to have children placed in private schools under 750 and also because the expertise necessary to operate a quality program is very difficult to recruit. There are a number of school systems which have been successful in putting together "sophisticated" programs for the emotionally disturbed. The operational definition of "sophisticated" in this context involves a number of variables including number of special classes, teacher qualifications, quality and quantity of "back-up" personnel.

It seems more efficient to build on quality programs where considerable expertise has already been developed and thus establish regional centers in those public school systems which are "sophisticated," than to attempt at this time a difficult "start-up" process in many of the smaller school systems. The development of such Regional Centers serving a number of surrounding communities would definitely require a change in the reimbursement formula favorable to the cities and towns. Transportation logistics could be worked out and group foster homes could be established, as outlined in Chapter VII, Crisis of Transition, to serve children coming from great distances.

Annual conference:

The issue of a shortage of professional leadership in the 750 program received comment from many private and public school administrators. There is virtually no dissemination of new knowledge or approaches relevant to the education and treatment of emotionally disturbed children from either the Department of Education or the Department of Mental Health. Some of the approved schools have developed and/or use techniques and approaches which have exciting potential, but there exists no organized means for communicating these experiences.

The major reason for this "leadership vacuum" is, as we noted in Chapter III, a severe lack of qualified staff. There is great expertise on the staffs of the 45 approved private schools. In the course of personal interviews with staff members of private schools, a willingness was expressed by them to share experiences with and to learn from one another. At present a medium for achieving these objectives is not available. The meeting of this need could help alleviate the "leadership vacuum."

IT IS RECOMMENDED, THEREFORE, THAT THE DEPARTMENT OF MENTAL HEALTH AND THE BUREAU OF SPECIAL EDUCATION, JOINTLY, CONVENE AN CONNUAL CONFERENCE, COMMENCING IN 1969-70, OF 750 SCHOOLS. IT IS FURTHER RECOMMENDED THAT THIS CONFERENCE HAVE THREE MAJOR FOCI: 1) LEADERSHIP AND STIMULATION, 2) PROFESSIONAL EXCHANGE ON SUCCESSFUL APPROACHES, 3) PROGRAM FEEDBACK.

Chapter VI

THE INVOLVEMENT OF PARENTS

In general the 750 program has been received positively by the parents of the 750 children. Many parents expressed gratitude for what the program had done for them and their families. However, some parents were also critical about various aspects of the 750 program. This criticism is understandable in view of the stories of fantastic amounts of time spent by parents in interviewing, telephoning, leg-work and often taking time away from work or families, in an effort to locate a placement for their child. Stories of such hardships were repeated many times over.

Some parents complained about being "cut off" from their child during placement in a residential school, others complained about schools' refusals to give them information or advice. There were also a number of stories with this common scenario: "The school called me on Tuesday and said come down and get Johnny tomorrow. He can no longer stay here." Having had the harrowing experience of getting a child into one of these schools, the parents were now at the mercy of their child's school, without any knowledge of alternatives. When the child is sent home in such a way, there is no further contact with the school. A total absence of advice, adequate explanations, or help in developing an alternative placement is experienced.

The remedial actions suggested for the resolution of those program inadequacies illustrated in the preceding paragraph are contained in recommendations located throughout this report. This chapter will be concerned with a more systematic reporting of parents' perceptions as well as specific recommendations regarding parents' involvement in Project 750.

Parents' perceptions of 750

As we have previously indicated, parents in general viewed the 750 experience positively. Thinking back to the time of referral 73% of the parents interviewed recalled a very definite positive reaction, either pleasure or relief, and only 14% of the parents had negative reactions. During the period of placement almost 80% of the parents reported some type of contact, i.e., personal, telephone, or written, with the private school at least one or more times a month; 80% of the parents who reported contacts with the schools described it as a positive experience.

The parents spoke of the impact the 750 placement had on their family life. Scorable responses relative to this impact were collected from 121 families; 12 parents (10%) indicated that their child's participation in the program had "no effect" on their family life; only 6 families (5%) reported that there was a negative effect exclusively. Table 4 summarizes these responses. Since many parents had more than one scorable response, the column totals do not add up to 100%.

Table 4

Effect on Family Life

	Proportion of Families Responding			
	Discharged Sample		Active Sample	Total
Type of Effect	Residential n=64	Day n=29	Residential & Day n=32	N=121
	%	%	%	%
Positive effect	92	69	88	84
Negative effect	33	21	19	27
No effect	8	21	16	10

Over 73% of the positive responses fell into the category of "relaxed interpersonal relationships among family members." This set of responses contributes significantly to the difference reported in positive effect between parents of residential school (92%) and day school (69%) children, i.e., the child's absence from the home allows the families to relate more harmoniously. The negative responses included: missing the child, financial hardship, guilt and embarrassment.

Many parents expressed concern about the quality of the schools. One parent considered them strictly out of "Dickens." The major problem for parents was deciding how to help their child following termination from the program. We recall one mother who demonstrated little authentic understanding of her daughter's emotional problems. It was her view that if her daughter had not gone with the wrong crowd when she returned from the 750 placement, everything would have been fine. Now, the mother sees nothing hopeful in the future. Her daughter is at home, unproductive, deeply depressed. Had there been some follow-up involved in this case, the tragedy of this outcome might have been averted.

Parents perception of their children

The large majority of parents viewed their children as having improved following the 750 placement. A 26 item behavior check list (Rutter, 1967) was administered to parents of 92 discharged children. The parents were asked to respond to the items as they remembered their child's behavior at the time of application and again as they view their child's current behavior. The results are summarized in Table 5.

Table 5

Results of Rutter Behavior Rating Scale

Scale	% Improved	% Regressed	% Unchanged	Totals
Neurotic	63	21	17	101*
Anti-social	63	18	18	99*
Full	73	20	7	100

*Does not equal 100% due to rounding errors.

The Rutter scale designates children above a particular total score as showing some emotional disorder. The "neurotic" sub-scores and the "anti-social" sub-scores are compared to further designate the type of disorder. Not only were a clear majority of children perceived by their parents as improved on all three scales, but 42% of the children perceived as improved (Full Scale) fell below the "disorder" level.

These findings must be interpreted with caution in terms of a cause and effect relationship because 1) they are based on parent reports and 2) there was no control group used to assess the contribution of variables such as growth and maturation. However, the results are valid in the context of how parents view their children. It is important to note that 20% of the parents perceive their child's behavior as having regressed since the time of application.

Additional results which support the parents' positive view of their children's behavior were obtained by administering a five-point behavior rating scale. Table 6 summarizes these results.

Table 6

Parents' Ratings of Children's Current Behavior

Scales	% rated "fair" or better
Overall Adjustment (since discharge)	83
Home Adjustment	82
Social Adjustment	76
Academic Progress	74
Peer Adjustment	68

Parent involvement in the treatment program

Involvement of one or both parents in the treatment program of an emotionally disturbed child is considered essential by most mental health professionals today. The involvement may take many forms, including case work, individual therapy, regular visits, and, paradoxically, no involvement with the child. The current regulations require the referring psychiatrist to indicate whether services are recommended for the family, and if so, what specific services. Table 7 summarizes the relationship between services recommended and services received by the parents in our sample.

Table 7

Professional Services
for Parents Associated with 750 Placement

	Terminated Sample		Active Sample
Professional Services	Residential	Day	Residential and Day
Recommended	76%	75%	87%
Received	53%	38%	43%

An interesting feature of the data contained in Table 7 is that both in absolute percentages and in proportion to the recommendation, a larger proportion of "residential" parents receive professional services than "day" parents, i.e., 70% of "residential" parents recommended to receive services actually did while the comparable figure for "day" parents was 51%. This is so despite the fact that many residential schools are located out of state. However, it supports our general observation that "residential" parents are more involved in 750 and have a greater commitment to the program.

Some of the private schools make a very serious effort to have the parents involved--some regard involvement as a prerequisite for admission--and a few provide professional counseling for parents as part of the 750 program, though they receive no additional funds for such service from the state. Other schools tend to ignore, isolate or alienate parents. Some examples of parents' concern about their role in the program and their exchanges with professionals were:

> I would like somebody once in a while to give a pat on the back and say, you tried...we end up feeling so inadequate.

> Parents should be treated like adults, not like children.

In response to questions regarding special preparations facilitating the child's return from private school, 56% of the families indicated having undertaken special preparations at home which included fixing up a room or counseling of siblings; 37% indicated having made special preparations for their child's return to the community, such as notifying friends or lining up a job. Only 16% of the parents reported that the public schools played a role in the preparations for return of their child, and only 9% noted that a public mental health clinic was involved.

36% of the approved schools indicated that absence of active parent involvement in their child's placement was associated with a less successful outcome for the child. Rubin, Simpson and Betwee (1966), following an extensive study of the impact of a special public school classroom on the adjustment and academic progress of disturbed children, concluded the following:

> Our experience revealed that the traditional methods of child-oriented psychiatric social casework was [sic] not always appropriate, indicated or capable of being used by all parents. We found it necessary in almost all instances to at first deal with the reality problems associated with the child's school attendance, proper attire, adequate food, and sufficient energy to last the day. For some, it was appropriate for a direct casework relationship with a parent or parents in an effort to alter attitudes and feelings toward the child. For others, it was apparent that educational techniques were needed, helping them to increase their knowledge and sophistication about child development and the importance of familial and social experiences on the child's attitudes and behavior. For still others, resolutions of problems within the family, or the marital situation, presented sufficient commanding anxiety to require these to be resolved through family agency contacts before a more direct child-oriented procedure could be instituted. In all instances, however, the plan for the family was begun with a review of the child's functioning, the nature of his maladjustment at school, and some indication of the immediate causes of his maladaptation. Only in this setting did we feel it was possible to make a plan that would enlist the cooperation of the parents and which would reduce their defensiveness about the need for assistance (pp. 232-233).

This conclusion and the recommendations it incorporates follow closely the suggested reorientation of this program from a "child centered" to a "family problem" centered program as outlined in Chapter I, Basic Philosophy. Further, it follows very closely the approach and practice of Project Re-ed (Chapter X), which requires active participation of the parents and furnishes "evidence that the parents...are willing and likely to carry through with their commitment to explore and enact changes necessary in the home setting."

In addition to the recommendation in Chapter IV regarding emphasis on family assessment, the following recommendation is made:

IT IS RECOMMENDED, THEREFORE, THAT AN ESSENTIAL PART OF THE ELIGIBILITY REQUIREMENTS FOR PROJECT 750 BE A COMMITMENT BY THE PARENTS TO THE TREATMENT PLAN DEVELOPED AT THE TIME OF APPLICATION.

Fees

The 750 program had been essentially a "free" service to the parents. While the law provides for the payment of all expenses, i.e., instruction, support and travel, by the Commonwealth, it also stipulates: "the parents or guardians...who are able wholly or in part to provide for their support and care, to the extent of their ability may be required by the department to reimburse the commonwealth therefor."

There is a regulation in force whereby parents may be requested to pay up to $8 per week for "board" of their child in a residential school. The fee is established on a self-report of income and the parents' statement of what they can afford to pay. The Commonwealth collected approximately $80,000 from this source in fiscal 1969. A number of parents voluntarily assume the cost of transportation as their means of contribution. The fee setting for Project 750 is not regulated in the same manner as it is for institutional programs in the Department of Mental Health. There is a general feeling on the part of 750 personnel that many parents who could well afford to pay a fee, do not report their income accurately and do not make a financial contribution.

We asked 123 parents about their attitude toward the establishment of a sliding fee schedule, based on ability to pay considering such factors as gross income, dependents, exigencies, for Project 750. Table 8 summarizes the results.

Table 8

Parents' Attitudes
Toward Establishment of Sliding Fee Schedule

Agree	71%
Disagree	11%
Mixed opinion	14%
No opinion	5%
Total	101%*

*Does not add to 100% due to rounding errors.

In addition 47% of the parents indicated that they would have preferred to pay if they could, while 50% of the parents stated very clearly that they preferred not to pay. Thus, for a number of parents, who agreed with the implementation of a fee schedule, it did not mean that they would like to be under such regulation. In response to our query about how much the family could have contributed financially to the 750 program, without impairing their style of life, 45% indicated that they would have been able to pay $10 or more per week.

The Tennessee Department of Mental Health, Division of Re-education, has a sliding fee schedule for its four residential centers which ranges from no fee to a maximum of $15 per day. The Director of the Division states that 50% of their parents pay a fee. In examining the records of the Moccasin Bend Children's Re-education Center in Chatanooga, I estimated that approximately $20,000 per year is collected by this Center which has a census of 47.

The rationale for collecting fees is not exclusively one of financing. There are strong professional reasons, as well, which have a close relationship to parent involvement. This is best summarized by the remarks of two private school administrators:

> Parents not paying any part of tuition allows them to avoid responsibility.
>
> The Massachusetts bill [750] is very generous, but it removes responsibility for the child--emotionally and financially. Those parents who are most uncomfortable in accepting their child back are those who have made the least investment.

The Division of Settlement and Support, Department of Mental Health, is equipped in terms of their experience and expertise to administer a sliding fee schedule for the 750 program. To incorporate this additional task into the existing activities of the Division of Settlement and Support would be economical, efficient and would avoid the expensive procedure of establishing a duplicate structure. In a recent conversation with this project's Principal Investigator, the Director of the Division of Settlement and Support indicated that the administration of a 750 fee schedule would be appropriate in his Division and that the addition of two or three personnel would make it feasible. It is estimated that the additional personnel would more than make up for their salaries by the amount of income realized for the Commonwealth from their activities.

IT IS RECOMMENDED, THEREFORE, THAT A SLIDING FEE SCHEDULE BE ESTABLISHED FOR PROJECT 750 WHICH APPLIES TO FAMILIES OF ALL CHILDREN ENROLLED IN APPROVED PRIVATE SCHOOLS. IT IS FURTHER RECOMMENDED THAT THE FEE SCHEDULE BE ADMINISTERED BY THE DIVISION OF SETTLEMENT AND SUPPORT, DEPARTMENT OF MENTAL HEALTH.

References

Rubin, E. Z., Simson, and Betwee, C. B. *Emotionally handicapped children and the elementary school*. Detroit: Wayne State University Press, 1966.

Rutter, M. A children's behavior questionnaire for completion by teachers: preliminary findings. *J. Child Psychol. Psychiat.*, 1967, *8*, 1-11.

Chapter VII

THE CRISES OF TRANSITION

In this Chapter two major crisis periods in the program, one occuring at the time of acceptance, the other at the time of termination, are discussed and specific recommendations for remediation are made.

Post-termination

Shortly after the study team initiated the "parent interviews" phase of this project, it was struck by a recurrence of one theme. This theme, which we came to label The Crisis of Transition, revealed the problems involved in reintegrating a child back into his home, his community, and his school. Confusion, futility and despair characterized the feelings of many parents as they discussed the period following termination from the 750 program. The roots of this difficulty in some cases can be traced back to the time of application. As one member of this study team commented: "And when 750 is used, it too often resembles a pit into which the children and their parents are thrown by the schools or agencies, without a backward glance and with no further thought." Some parents expressed this concern in the following manner:

> I appreciate what they did, but wish I knew what to do with him. He still needs help.
>
> [750] should have some sort of transition period with provisions for transition for help--otherwise can make mistakes that may undo the help received and money invested.
>
> They should have a school ready for kid to go into. C. used to cry every morning because all the others were going to school and he wasn't.

> I would like to see a program of gradual adjustment into school--help over the transitional process.
>
> Before they discharge the patient, there should be a conference with parents and officials and child. Then there should be a link after leaving so there could be something to fall back on.
>
> I'd like to see this program extended with job training so they can earn a living.
>
> Need a liaison person who can tell parents where to turn if difficulties come up after the termination .

Every member of the research team was approached for advice and assistance by parents of children no longer in the program. They wanted help with and for their child; they needed help, and often we seemed to be the first concerned professionals to whom they had access. The Director of this project, during the course of the study, received a number of phone calls from parents of children terminated from 750, all seeking help for crises they were experiencing associated with their child's return home.

Some schools, both private and public, consistently provide after-care services to youngsters and their families in an effort to bridge the gullies in the road back to regular class and community. However, this is far from a uniform practice and those private schools that do continue services beyond termination do it at their own expense without compensation from the state. Not only does 750 stop payment when a child is terminated from a private school, but for all intents and purposes 750 stops its interest in the child at that point. Project 750 currently has no mechanism for continued involvement with a child after he leaves a placement and our data indicate that for the large majority of children community resources, such as the schools and mental health facilities, are not alerted to their return.

The return of a child, especially from a residential setting, is inevitably a crisis situation for the child, his parents and siblings. In an effort to develop a mechanism for alleviating a desperate need and to simultaneously capitalize on a crisis by developing constructive alternatives, the following recommendation was made to the Commissioners of Education and Mental Health on April 16, 1969.

RECOMMENDATION FOR ALLEVIATING CRISIS OF TRANSITION

> The MACE sponsored study of "Selected Aspects of Project 750" has identified an area of concern which not only deserves immediate attention, but which can be approached with no additional expenditures at this time. The study staff refers to this area as the "crisis of transition." By this we mean the crises in children, families, schools and communities which are frequently precipitated by the termination of a child's participation in the private school program under the provisions of Chapter 750. The situation frequently becomes critical, and especially so when a child has been attending a residential school.
>
> The "bridge" back to the family and community is often lacking any assistance of professional staff, and continuing inputs in the form of support and guidance throughout the crisis are frequently thoroughly inadequate in developing constructive resolutions. Lack of available personnel associated directly with the 750 program, the limitations of the 750 provisions, the failure by many of the private schools to take responsibility for effecting the best possible transition, and the sometimes haphazard way a child is terminated in the program are all contributory to the intensity of many "crises of transition."

It is the impression of the study staff, based on a number of interviews with parents, that in a number of cases the gains derived from participation in the 750 program are grossly eroded by the lack of appropriate resources at the time of termination. In the context of cost-benefits, the failure to make available continuing services through the transition period is, therefore, proving to be an extremely expensive venture.

In an effort to remedy this difficult situation, the study team recommends the development of a policy which will incorporate the following features:

1. Discharge summaries, including prognosis and recommendations, should be completed by the private schools at least two weeks prior to release of a child.
2. The approved private schools will be provided with maps of the Commonwealth depicting the seven mental health regions and will forward a discharge summary to the Regional Mental Health Administrator serving the area to which the child will be returning. This summary will precede the child's discharge by at least two weeks.
3. The Regional Mental Health Administrator will take the discharge summary to the Area Mental Health Center serving the community to which the child is returning.
4. The Area Mental Health Center will "reach out" to the child's family or guardians in an effort to assess their needs and offer supportive services during this crisis period.
5. If indicated the staff of the Area Mental Health Center could serve as a coordinating agency in bringing together community resources to aid the child and his family in terms of their needs. The Area Mental Health Center could establish a standing committee in the community composed of representatives of the public schools, public welfare, M.R.C., family service, Mass employment agency - for example - for the purpose of developing a plan for integrating the child back into the community.

6. There will be instances when a child is terminated from an approved private school on extremely short notice. Under these circumstances the school administrator will call the appropriate Regional Mental Health Administrator prior to discharge informing him of the circumstances and whatever other details are immediately pertinent.

Regulations developed along the lines suggested will help provide a continuity of services to 750 children and their families during a critical transition period. It would be possible to enforce the cooperation of the approved schools by withholding final payments or assessing a financial penalty. This plan uses an existing structure of state supported services and at this time does not require any additional budgetary expense. It is the opinion of the study staff that this plan represents an excellent opportunity to practice "crisis intervention" in the best tradition of community mental health practice.

For the Brandeis Study Team:

Herbert J. Hoffman, Ph. D.
Principal Investigator,
Evaluation of Selected
Aspects of Project 750.

In response to this recommendation the following memorandum was issued to all private schools approved for Project 750.

May 29, 1969

DISCHARGE SUMMARIES

The reorganization of the Department of Mental Health has divided the Commonwealth into seven regions.

Since the regulations pursuant to the statute specified mandate both semi-annual and discharge summaries be sent to the Bureau of Special Education for every child supported by the Commonwealth proper and orderly procedure now requires that a copy of the discharge summary be sent to the Regional Administrator in which the child resides and to the Community Mental Health Center (if such was involved in the referral).

Enclosed you will find the names and addresses of seven regional administrators in the Department of Mental Health and a listing of the towns so that the child's region can be determined. A directory of Community Mental Health Centers is also appended.

If there are any questions in this regard please communicate with the Bureau of Special Education, Department of Education, 182 Tremont Street, Boston 02111. 617 - 727-5770. Send carbon copies to Department of Mental Health, Office of Children's Services, 15 Ashburton Place, Boston 02108.

Very sincerely yours,

Neil V. Sullivan	Milton Greenblatt, M. D.
Commissioner of Education	Commissioner of Mental Health

The change in regulations outlined above is now in operation with the result that Regional Offices and Area Centers of the Department of Mental Health are more involved in Project 750 than heretofore. Though an evaluation of this new activity has not been attempted, it would seem that, at the very least, it lays solid ground work for the advent of Regional Coordinators for Project 750 as outlined in Chapter III, Staffing.

Post-acceptance

Though our attention was initially focussed on crises occurring at the time of termination and after, we began to see that there was another period in the program which had serious consequences in terms of its effects on children and parents. These crises occurred during the period between evaluation and placement. The length of this time span was frequently six months, and in some instances it was longer than a year. Over 50% of the children during the month prior to enrollment in an approved school were at home without any structured activity.

For some children this period was at the end of the summer vacation, but for most it was during the school year. It is noteworthy that only 30% of the children in our sample entered an approved school directly from a public school program, i.e., 20% regular class, 6% tutoring, and 4% special class. Thus, this transitional period was for many children a "waste land" of inactivity and a time during which their family's energies were drained.

It was noted that while the child is at home waiting for placement, this situation tends to lead to general family disruption. Many parents are able to function only in the service of the disturbed child. To complicate matters a child frequently loses a whole academic year while waiting for an opening at a private school. Thus, even if the child is bright, falling academically behind his age mates further deflates his self-image and increases the severity of his problem. Some children excluded from school were so embarrassed that they did not leave their houses during regular school hours and they were reluctant to play with their peers at any time.

Regarding the waiting period one parent said, "Oh,...we were beside ourselves--whole family was living on borrowed time." Another one pointed out that their whole family was disrupted and unable to function during the waiting time: "When S. left finally--made it like home should be."

It is evident that more rapid disposition of cases is needed. Many parents commented on the slow process of application and acceptance.

As one mother put it, "It [the process of application] was very slow. Every one who needed to sign seemed to be away." Another parent was impatient with the red tape commenting, "Unless you take the papers with you, they sit on the desk. You can't mail or leave papers to be filled out without a long wait." It is likely that for some children the anxiety, uncertainty and lack of productivity that often marks the waiting period contributes heavily to deepening what may have been a relatively superficial disorder. Just as large institutions by their very existence create their own form of disorder, i.e., institutionalism, so too the institution of waiting without services that characterizes so many of the 750 cases might be making its contribution to the growing list of iatrogenic disorders.

There are many contributing factors to these delays--some are unavoidable, others are inexcusable. The unavoidable delays occur primarily when there are no openings in the private schools. Constructive suggestions for coping with this situation, short of developing new facilities, are discussed in the section on Review Panel in Chapter IV and Chapter III, Staffing. The inexcusable delays tend to smack of bureaucratic red tape and lack of adequate organization. Many applications are held up because there is not sufficient help to process and move them steadily through the various levels of approval. There is no one who can return a phone call with the needed information, there is no one at the local level to take responsibility for shepherding the many forms through the various channels for the family who finds the task excessively formidable.

The generalizations contained in the above remarks are not meant to convey ignorance of the exceptions which do occur, e.g.: some applications are "walked through" the system--too often on the basis of a politician's pressure and not often enough because this is what is best for the child; some phone calls are returned; some school systems assign the role of coordinator to a member of their staff who then takes responsibility for gathering the information and seeing that the application is completed rapidly.

The remedies for coping with "inexcusable delays" are incorporated into almost every chapter of this report.

The development of a coordinated, flowing network of services for the children and their families should replace the present system of discrete and discontinuous services. At times it seems that the elements for delivery of comprehensive services to emotionally disturbed children do exist in this Commonwealth, but these elements are like islands on a vast sea and there are no maps. Thus, if the journey is made at all, getting from one island to the other is at best haphazard. The communication links among the islands themselves are not operating and some parents feel there is only sea around them.

The next section will discuss some methods for meeting these inadequacies.

Interdepartmental coordination

There are many existing services which could be applied to the resolution of the "crises of transition." These services are provided by state agencies including Mental Health, Education, Public Welfare, and the Rehabilitation Commission as well as non-state agencies, such as Family Service, Visiting Nurse and others. It is both an issue of coordination and an issue of the agencies' attitudes towards cooperation and coordination. The sophisticated parents who draw their own maps have detailed stories about going from agency to agency and being rebuffed because of jurisdictional disputes, being delayed because the interagency communication hadn't taken place, or being frustrated because "agency 2" would not accept the evaluation of "agency 1" and therefore had to do its own assessment. Some progress is being made, e.g., transitional arrangements have been made in some cases whereby the Rehabilitation Commission takes over when 750 terminates. The Regional Coordinators could play a vital role in developing service networks with the capacity to deliver comprehensive services to emotionally disturbed children.

IT IS RECOMMENDED, THEREFORE, THAT THE BUREAU OF SPECIAL EDUCATION AND DEPARTMENT OF MENTAL HEALTH UNDERTAKE AN EDUCATIONAL CAMPAIGN TO FAMILIARIZE THOSE AGENCIES IN STATE GOVERNMENT WHICH PROVIDE PERTINENT HUMAN SERVICES, INCLUDING THOSE AGENCIES WITHIN THEIR OWN DEPARTMENTS, WITH THE 750 PROGRAM, ITS OBJECTIVES AND THE WAYS IN WHICH THEY COULD CONTRIBUTE TO THE DEVELOPMENT OF COOPERATIVE AND COORDINATED SERVICES TO BENEFIT THE CHILDREN UNDER 750.

The essential elements for a very effective intervention at the time of transitional crises, both pre- and post- placement, are currently present in the Bureau of Special Education and the Special Services Unit, Division of Child Guardianship, Department of Public Welfare.

It should be noted at this point that of the 800 children in the care of the Special Services Unit approximately 600 are emotionally disturbed. Many of these children attend the same private schools as those attended by 750 youngsters. Currently there is a certain amount of pressure on the part of some school administrators and parents to transfer children from 750 to the Special Services Unit because Public Welfare can pay a higher tuition rate and it has the capacity to provide ongoing professional services to children and parents from the point of application through the post-placement transition.

There are two state agencies, therefore, which serve essentially the same population of children in very similar ways, and which have not developed integrated programming. One area in which these two agencies could work cooperatively to improve the care of emotionally disturbed children involves problems at the time of transition. Specifically:

1. The pre-placement period is often marked by extremely strained relationships between child and parents--in fact it is not uncommon that strained relationships of this type were a major contributor to the behavior which resulted in a referral to 750. At times such as this an immediate separation between family and child is often desirable--in order for them to experience an emotional respite, have an opportunity to reconstitute and, if possible, to develop a more realistic perspective on the problems involved.

2. The post-placement period often presents to the child an overwhelming burden of adjustment; adjustment to family, to school, to community, to peers. Sometimes the most difficult adjustment is returning to a family which still manifests the cues, clues and behaviors which stimulated disturbed reactions in the past. At times the child may return but adequately equipped for coping effectively in the context of the family, coping effectively with school, with community and with peers, simultaneously, proves to be too much.

One approach to easing the turmoil often associated with times of transition is the effective use of foster care, e.g., foster homes, half way houses, youth homes. Moving the child to foster care at the time that he is still on the waiting list might relieve sufficiently the many pressures acting upon the child and, thus, enable him to participate in a regular school program, on a part or full time basis. In some instances such a move might provide an opportunity for further evaluation of the child in order to ascertain whether it might be possible for him to continue in public school while living away from home. In many instances, the child returning from residential placement could find the anxiety of transition eased if he returned to his community and school while initially living in a foster care setting. Such a setting might give the child opportunity to reaclimate to his family, and his family to him, more gradually.

Foster care placements are at a premium in Massachusetts. The Special Services Unit is currently developing a network of Youth Homes staffed by professional workers. More impetus needs to be given to developing additional foster care resources.

A potential group of foster parents, not yet sufficiently tapped, are the young college graduates with strong humanitarian ideals which they have manifested through Peace Corps, Vista, Teacher's Corps participation or comparable activities. It is possible that a publicity campaign, jointly sponsored by the Bureau of Special Education and the Special Services Unit, designed to appeal to this group of young people would have very positive results.

Foster care, 750, and Humane Custodial Care, discussed in Chapter IV in the section titled Alternative Resources, collectively form a comprehensive network of services which both complement and supplement each other. The key to the effective management of this proposed network is an emphasis on permeable boundaries between the three programs and a regular monitoring of the children's status to enable some children to move from one program to another at the time optimal for them. These moves from one program to another would be based on the child's needs and not subject to organization serving bureaucratic delays.

IT IS RECOMMENDED, THEREFORE, THAT THE BUREAU OF SPECIAL EDUCATION, DEPARTMENT OF MENTAL HEALTH AND THE SPECIAL SERVICES UNIT, DCG, DEPARTMENT OF PUBLIC WELFARE COOPERATIVELY DEVELOP INTEGRATED PROGRAMS TO SERVE EMOTIONALLY DISTURBED CHILDREN. IT IS FURTHER RECOMMENDED THAT INITIAL EMPHASIS BE FOCUSSED ON THE DEVELOPMENT AND USE OF RESOURCES FOR FOSTER CARE.

Chapter VIII

PUBLIC COMMUNICATION

The 750 program became operational in January of 1962. Since that time it has touched the lives of over 4000 children and their families. In addition, it has involved hundreds of professionals. To this time, however, there continues to be a lack of understanding regarding the 750 program on the part of many families and professionals who use it. Professionals are often vague or confused about the goals and objectives of the program; at times they seem to be unaware of what the program's provisions are. Almost 25% of the interviewed public and private school administrators in response to the question, "Do you believe that Project 750 is accomplishing its goals and purposes?" expressed confusion, e.g., "...don't know what its goals are--they need clarification.", "I never really knew what their goals and purposes were until I read your proposal." Another administrator's opinion was: "The 750 law has not been utilized fully because the individual schools are not sufficiently sophisticated to cope and to know; some systems feel it is an imposition, others have it dropped into someone's lap."

Many parents are also confused about the program; they do not seem to fully understand all of the program's ramifications, and often they are unaware of the provisions to which they are entitled. Parents commented on this inadequacy of the public's awareness about 750, e.g., "...need sources of information of available help, most people [who need it] have never even heard of it.", "There should be some way of letting people who need it know about it--there is a conspiracy of silence." One of the parents who encountered public schools' ignorance of the 750 program said: "The schools and/or guidance people are the ones who should know about it. It should be right at their fingertips to know what services kids need." Parents' lack of information regarding the regulations of the 750 program is further demonstrated by the fact that the majority of the 51% of those who did not take advantage of the transportation provision were not aware that such a provision existed.

Some of the reasons for this confusion and lack of awareness can be attributed to the relative unavailability of material which describes the program. While the law and regulations have been available on request from the Bureau of Special Education, the first descriptive material on the subject did not appear until the summer of 1969 when Conners' monograph, Special Educational Needs for Emotionally Disturbed Children, was released. However, the monograph is intended primarily for professional consumption. Parents, consumers and potential consumers of 750 need a brochure which communicates what the program is and how it works.

There are many public school systems and mental health centers which could profit from increased awareness and knowledge about Project 750. Sensitization of agencies to a special program designed to serve a high risk population often results in the development of more comprehensive services to meet the needs of such a population. The increasing amount of informative material on Project 750 mentioned above, and the "mandatory amendment," in part serve such a purpose. However, this approach needs to be supplemented by direct personal contacts which can be accomplished by the addition of regional staff to the personnel roster of Project 750 (see Chapter III, Staffing).

Another educational system which is in need of increased knowledge concerning 750 is the Commonwealth's network of parochial schools. In Massachusetts approximately one child out of every 6 attending school is enrolled in the private parochial system. A random survey of approximately 200 cases indicates that only one child in every 24 enrolled in the 750 program (private schools) enters it from a parochial school system. There is no evidence to indicate that this difference can be attributed to greater emotional stability among the population served by the parochial schools. On the contrary the indication is that the public and parochial systems are more similar than dissimilar in the rates of disturbed children. However, it seems that disturbed children are frequently transferred out of the parochial school and into the public school prior to being identified as needing 750 services. This impression is derived from interviews with school administrators and inspection (in the 750 records) of transfer patterns prior to application for 750 eligibility. Thus, the youngster enters the 750 program through the public school channels. This route to special education and treatment represents delay and subjects the child to additional experiences of failure. The parochial schools in the Commonwealth must become aware of the 750 program's potential for meeting the needs of their pupils.

IT IS RECOMMENDED, THEREFORE, THAT A BROCHURE BE PREPARED BY THE DEPARTMENTS OF EDUCATION AND MENTAL HEALTH WHICH DESCRIBES THE 750 PROGRAM, ITS PHILOSOPHY, OPERATION, PROVISIONS AND WHATEVER OTHER MATERIALS WOULD BE OF VALUE TO THE FAMILY OF AN APPLICANT. SUPPLIES OF THIS BROCHURE WOULD BE HELD BY PUBLIC AND PAROCHIAL SCHOOL SYSTEMS, MENTAL HEALTH FACILITIES, AND REFERRING PSYCHIATRISTS. THE BROCHURE WOULD ALSO BE DISTRIBUTED TO PARENTS OF CHILDREN BEING CONSIDERED FOR THE 750 PROGRAM. IT IS FURTHER RECOMMENDED THAT STAFF REPRESENTATIVES OF THE BUREAU OF SPECIAL EDUCATION AND THE DEPARTMENT OF MENTAL HEALTH MAKE THEMSELVES AVAILABLE TO SPEAK TO APPROPRIATE MEETINGS OF PAROCHIAL SCHOOL TEACHERS FOR THE PURPOSE OF INCREASING AWARENESS ABOUT PROJECT 750, ITS PROVISIONS, BENEFITS, AND PROCEDURES.

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Chapter IX

RESEARCH

The results of recent studies regarding three departments which provide human services to the Commonwealth's citizens /¯Massachusetts Mental Health Planning Project (1965), Massachusetts Mental Retardation Project (1966), Massachusetts Vocational Rehabilitation Planning Commission (1968)_/ indicate a need for allocating from 1.4% to 4% of their total budgets for purposes of research. One example of the rationale for including a budget line for research is cited in Report of the Massachusetts Mental Health Planning Project (1965):

> Research activities have long been recognized as an integral component of any well-balanced mental health program. Research represents the attitude of inquiry basic to scientific activity and is utilized by clinicians, scientists, and administrators to gain new knowledge and advance programs (p. 89).

The experiences of this research team, our findings and the very substance of this report strongly support the need for an objective research capability for Project 750.

Prior to the inception of this study there were two previous 750 research endeavors. Both efforts were very limited in scope and drew only upon data contained in the "Application for Eligibility" forms (SPED 28). The first study conducted by Dr. J. Edward Conners (undated) and reported in his monograph, Special Educational Needs for Emotionally Disturbed Children, was an analysis of selected characteristics of the first 519 children approved for the program and their parents. Two years later, a second study of a random sample of 100 cases was carried out by this author for the purpose of reporting to the Advisory Interdepartmental Council on Programs for Emotionally Disturbed Children. These studies were carried out on an ad hoc basis and did not constitute a commitment by the Departments to ongoing research for Project 750. Over the past years there have been repeated requests from personnel involved in the program for allocation of research funds. These requests have been denied.

The 750 program was implemented in 1962 and contained many unknowns - it had the quality of an experiment. The experiment has continued without major systematic review and evaluation for over seven years. This research effort, which could consider only certain aspects of the program, had a budget which represented approximately 0.2% of the Bureau of Special Education's 1968-69 expenditures on 750.

No industry in this country allows an experiment of 750's scope to grow to the extent this program has without systematic, objective scrutiny. Granted, the government does not have to concern itself with producing profits and pleasing stockholders, nevertheless, it should be concerned with the relationship between costs and benefits and whether it is serving its constituency, the citizens, optimally. The federal government in recent years has been devoting energy and resources to cost-benefit analysis and PPBS (Planning-Programming-Budgeting System) approaches to delivery of human services. Allen Schick (1966) in reference to federal budgeting predicted:

> the ethos of budgeting will shift from justification to analysis. To far greater extent than heretofore, budget decisions will be influenced by explicit statements of objectives and by a formal weighing of the costs and benefits of alternatives (p. 258).

Such efforts require significant research resources, and 750 is one program which could derive great benefit from the incorporation of this type of approach. Many questions remain unanswered regarding this program and the emotionally disturbed child. The answers to these questions could be economically approached if the automated data-processing techniques described in Chapter II, Administration and Regulations, are adopted. The automated data-processing techniques would make it possible for the Department to engage in research through use of their own staffs, graduate students and contracts.

Research findings have potential application to evaluation, planning, administrative decisions, training and quality control. In practice, these findings tend to raise new questions which would otherwise not have been considered. The actions taken as a consequence of consideration of these new questions can lead to continued improvement in the quality of the program.

We would like to present a set of findings which illustrate this type of issue.

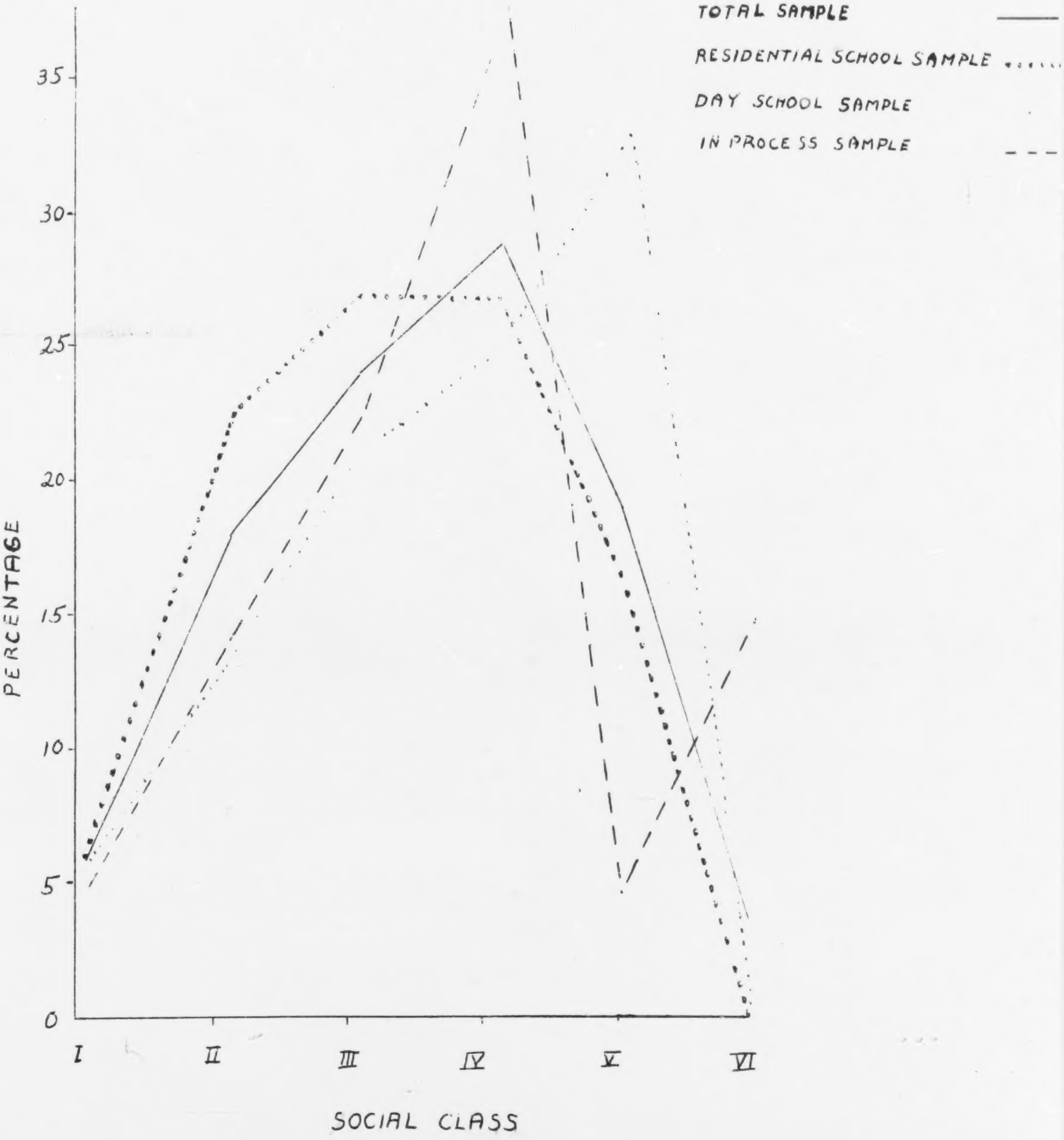
The distribution of black children in the 750 program, as noted in Chapter II, Administration and Regulations, appears to be correlated with the distribution of children by social class and 750 placement (Figure 1). The variable of social class (Hollingshead, 1965), also tends to be associated with other important variables, e.g., sex, source of referral, I.Q. score, etc. The X^2 association between sex and social class is significant (p=0.02); classes I and II tend to have more girls; the lower classes tend to have more boys. The X^2 association between source of referral and social class is significant (p=0.01); classes I and II tend to have private mental health centers as the principal source of referral; for class III the public schools are the primary source of referral; classes IV and V identify public mental health clinics as the major referring agency. The X^2 association between the I.Q. score (at the time of application) and social class is significant ($p=0.001$); class I tends to have some of the lowest and some of the highest I.Q. scores; classes II and III tend to have an average range of I.Q. scores; classes IV and V have below average I.Q. scores.

These findings raise a number of questions about the manner in which the program serves youngsters and the nature of the youngsters served. We have illustrated how the monitoring of one variable, i.e., social class, can spotlight issues which need further attention and thought, which, in turn, may lead to program modification and improvement.

IT IS RECOMMENDED, THEREFORE, THAT AN APPROPRIATE PORTION OF THE 750 BUDGET BE ALLOCATED FOR ONGOING RESEARCH EFFORTS DESIGNED TO MONITOR THE PROGRAM AND TO PROVIDE INFORMATION FOR IMPROVING THE PROGRAM'S EFFECTIVENESS.

FIGURE I

SOCIAL CLASS DISTRIBUTION.



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Chapter X

THE RE-EDUCATION MODEL

In this report, numerous references have been made to the fact that Massachusetts has lagged badly in the development of State operated residential facilities for emotionally disturbed children. During the last decade, those who have been involved in developing master plans for meeting this need deplore the situation, and continue to press for legislative action to fund new facilities. There are others, who while recognizing the need for additional residential facilities in this state, are pleased that nothing substantial has developed. The latter statement would seem to be paradoxical. However the concern of those holding this view has been that the state in establishing new residential centers would only erect more hospitals, and that the illness orientation would continue to prevail. There is no better way to convince a child that he is "sick" than to place him in a hospital; and if the expectations of the hospital are that "sick" behavior will be manifested, then it is difficult for the child not to live up to the role-demands of the environment.

It is in this context that I became very interested in Project Re-Ed. This program, located primarily in the state of Tennessee, is basically a residential program for the re-education of emotionally disturbed children. Its origins date back to 1959 when Peabody College in Nashville, in cooperation with the states of Tennessee and North Carolina, received a long-term National Institute of Mental Health pilot project grant to develop the concept and practice of re-education. When the federal support ran out a few years ago, both states took over the program and incorporated it into their mental health services. It is sufficiently unusual for a demonstration project to be continued in its entirety after the grant period has expired, but the Tennessee Department of Mental Health has gone far beyond mere continuation. It has made a major commitment to this program, its philosophy and practice. In Tennessee there are now four regional Re-Ed centers operated by the Division of Re-Education; three for grade school children and one for adolescents. This summer the program conducted experimental day programs. In the fall they will initiate an "Itinerant Team Project for Behavior Programming," which will bring comprehensive consultation and programming for emotionally disturbed children into the public schools. The current thinking in Tennessee is that the re-ed philosophy will dominate mental health programming in the state and proliferate into areas such as education, vocational rehabilitation and corrections.

The re-ed approach seems to incorporate into a single unified philosophy almost all the recommendations that grew out of the analysis of our data. Furthermore, it has been demonstrated that this philosophy can be translated directly into practice.

As principal investigator of this project, I accepted an invitation to visit Tennessee and to have a first-hand look at the program before making any recommendations about it in this report. In Chatanooga, I visited Moccasin Bend Children's Re-education Center and the Pine Breeze School (adolescent center). I also had an extensive interview with Dr. Charles McDonald, Director, Division of Re-education, Tennessee Department of Mental Health.

Some of the very basic statistics are most impressive. A recently completed follow-up study of children, discharged at least two years, indicated that 99% of the children were in public school regular classes and making satisfactory progress. A more recent follow-up conducted by the staff at Mocassin Bend indicated a 93% "success" rate. After reviewing the records at Mocassin Bend, I was impressed with the observation that those children seemed to be quite comparable to the children in 750. The average stay in residence is approximately seven months, and the average cost per child is approximately $5000. This compares to an average 750 stay in residence of between 18 and 24 months at an estimated average cost of between $11,250 and $15,000 per child. Thus, while the per diem costs in Re-ed are higher, their unit cost is considerably lower. Compared to Massachusetts, they seem to be able to reach more children with each dollar spent and to utilize their funds more effectively.

Re-ed philosophy and practice

Dr. Nicholas Hobbs (1967a), founder of Re-ed has offered the following definition: "a disturbed child...is a child whose behavior is regarded as beyond the limit of tolerable discordance by one or more of the normal socializing agencies of our society (p. 4)." In rejecting the concept of "cure" and accepting the notion of helping children to acquire competence in coping with realistic problems, now, Hobbs states:

> The goal of mental health services for children would not be to cure a child or to prepare him to cope with all possible life roles but to restore to effective operation the small social system of which the child is an integral part. This means...that the agency involved must invest quite as much in the family, school, neighborhood, and community as it does in the individual child (p. 6).

This goal is translated by the Re-ed teacher-counselors who seek to achieve the following objectives with each child (Hobbs, 1967b):

1. Restoring to the child some trust in adults, some competences to meet demands of family, school, and friends, some confidence in self, and some joy in the morrow.

2. Helping a child maintain normal progress in school when possible and providing him with remedial work in reading, arithmetic, and other subjects as needed to arrest the downward trend in school achievement so often observed in disturbed children.

3. Mobilizing resources in the child's home community in the interest of the child, especially by giving assistance to his family.

4. Assisting the staff of the child's regular school to understand his problem and to make such reasonable adjustments in the school program as may be required to make possible an early and successful return of the child to his own school.

5. Helping the child to unlearn some specific habits that cause rejection by family, school, and friends, and to acquire some specific habits that make him more acceptable to the people who are important to his life.

6. Helping the child gain some cognitive control over his behavior by helping him identify specific goals and reviewing each day as it is lived to identify sources of satisfaction and ways of behaving likely to bring more success to the next day.

7. Helping a child to achieve a sense of belonging to his home community, to perceive favorably and respond to the institutions provided by society to assist him in growing up: the schools, churches, libraries, health services, parks, museums, recreational areas, theaters, youth programs, and other similar agencies.

Re-ed recognizes that temporary disengagement from the child's ecology, i.e., family, neighborhood, school and community, is sometimes necessary, as it is in cases when residential care is indicated. "But the strategy would be to remove the child, in space, time and meaning, the least possible distance from the people with whom he must learn to live, and who, in turn, must learn how to increase their contribution to his healthy development (p. 7)." (Hobbs, 1967a). This strategy is operationally implemented in two major ways: 1) planning for the child's return home begins at the time of application, and, 2) the residential school is operated on a five day-a-week basis with the children returning home or to a foster home in their community on weekends.

Re-ed, using educational and behavior modification models, places its emphasis on health rather than illness, on teaching rather than treatment, on learning rather than on fundamental personality reorganization, on present and future rather than on past, on the operation of total social systems of which the child is a part rather than on intrapsychic processes exclusively.

The Re-ed model, which uses teacher-counselors as the primary professional, which employs high priced mental health professionals only as consultants, and which places emphasis on returning the children to their community as rapidly as possible, appears to represent breakthroughs on costs, manpower deficits and in the remediation of emotionally disturbed children. Currently, in addition to Tennessee and North Carolina, Re-ed centers are already established or about to be established in Connecticut, Florida and Pennsylvania. The report of the Joint Commission on Mental Health in Children, scheduled for release in the fall of 1969, will strongly support the Re-ed approach and recommend its development throughout the nation.

IT IS RECOMMENDED, THEREFORE, THAT THE DEPARTMENT OF MENTAL HEALTH BEGIN IMMEDIATELY TO DEVELOP A NETWORK OF RESIDENTIAL CENTERS FOR EMOTIONALLY

DISTURBED CHILDREN BASED ON THE RE-EDUCATION MODEL. FURTHER, THAT THESE PLANS BE DEVELOPED SO THAT THE FIRST MASSACHUSETTS CENTER COULD BECOME FULLY OPERATIONAL BY SEPTEMBER, 1971 OR EARLIER.

References

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EPILOGUE

At the conclusion of the data gathering phase one member of the research team summed up her impressions of the 750 program this way:

> I was thinking the other day as I put my mind to...750...that our society is much like an old automobile that has been worked on sporadically throughout the years: some parts are well designed, intact, and in functioning order; others have been borrowed haphazardly from other cars, working out in varying degrees of success to help the car operate; and some are in total disrepair either non-working or held together by baling wire and chewing gum, making the car a grave potential or immediate risk to the lives of its passengers. Now, given such a vehicle, how do I form an opinion about one of its tiny systems or operations? How can its 750 system be viewed as an independent mechanism?

We cannot at this time reconstruct the auto - but the 750 system can be re-tooled and standardized in order for the malfunctions to be the exceptions rather than the rule. The recommendations contained in this report and the study on which they are based provide, we believe, a set of blueprints for the social die-makers and social mechanics. The use of these blueprints can lead to the development of a smoother-running, fully horse-powered and effective system of services for emotionally disturbed children.

APPENDICES

Appendix A

RESEARCH METHODOLOGY

Sample

The primary population sampled consisted of youngsters who had participated and subsequently were terminated from private day or residential school placements under the 750 program. Only youngsters who entered the program after August 31, 1963 and were terminated on or before May 30, 1968 were included. The first 20 months were considered "shakedown" and therefore less pertinent to the overall question of the program's operation.

A sample of 160 cases was drawn at random from the defined population of 319 terminated cases; 108 cases of the sample had their placements in a residential school, 52 cases had placements in private day schools.

A secondary sample of 39 cases, currently active in a private school placement under 750, was drawn. The subjects were randomly selected and treated in the same manner as the 160 cases who had been terminated. Thus, the total sample under consideration was 199 youngsters.

Instruments and procedures

The basic approach to the collection of data consisted of the following operations:

1. Abstracting the records available at the Bureau of Special Education regarding each child in the sample.

2. Interviewing a parent of each child in the sample.
3. Interviewing a selected sample of public and private school administrators who have had extensive experience with the 750 program.
4. Surveying by mail all private schools approved by the 750 program.

Abstracting the records

A data sheet consisting of 52 items was developed in order to organize the data collected from records regarding each subject. The items were based on questions appearing in the forms Sped 28, Sped 29, Sped 13c and Sped 13d. The number of reports from schools and other communications regarding each subject was also noted. The records of children whose parents were unwilling to participate in the study or for other reasons gave no release of records to the research team, were abstracted selectively, omiting all clinical data, in an effort to respect the need for privacy and confidentiality.

Parent interviews

The interview schedule was developed on the basis of such resources as past research with parents of emotionally disturbed children, questions raised by previous research on Project 750, the interests and concerns of those responsible for Project 750 and the interests and concerns of the Advisory Panel. The completed interview schedule contained 49 questions. Most of the questions were not open ended in order to minimize the range of subjective replies, or comments and judgments which would not be comparable. In addition to the formal interview schedule the interviewers recorded a maximum amount of anecdotal material which the parents were willing to contribute.

At the end of each interview two behavior checklists were administered to the interviewee. The parents' perception regarding their child's behavior pre- and post- the 750 placement were recorded. To control for order of presentation, the administration of this checklist was counter-balanced so that 50% of the parents checked present behavior first and 50% first checked past behavior.

Before the administration of the interviews in the field, a pretest was conducted. Four parents of children in the 750 program who were not included in the sample, volunteered to be interviewed.

The participation of parents who were interviewed for this study was voluntary. A letter from the Commissioners of Education and Mental Health was sent out to each parent in the sample requesting their participation in the study. A simple reply sheet and a self-addressed envelope were contained in the mailing. A follow-up mailing of a similar nature was sent out to those parents who failed to answer the first time. A third follow-up was conducted in the form of telephone calls. Both mailings were sent from the Department of Special Education to guarantee confidentiality as it relates to children in the sample and their parents. The research team was not to have access to any names of the 750 participants until the Department of Special Education on the basis of parents' willingness to do so released these names to the team.

The table below summarizes parents' responses to the request for voluntary participation in the study.

Parents' Responses to Request for Participation

	Discharged				Active		Totals	
Type of Response	Residential N=108		Day N=52		Residential and Day N=39		N=199	
	n	%	n	%	n	%	n	%
Positive	69	64	30	58	32	83	131	66
Negative	10	9	6	12	0	0	16	8
Address unknown and other	29	27	16	30	7	17	52	26

Public and private school administrator's interviews

An open-ended interview schedule was developed consisting of 9 major items. The primary objective of these interviews was to gather pertinent observations on such matters as familiarity with the 750 program, willingness to use this program, what the administrators perceive as adequate or inadequate about the 750 program and its operations, what suggestions regarding improvements in the 750 program could be contributed. Six public school systems were visited and 12 professionals closely involved with 750 were interviewed. Seven approved private schools were visited and 21 professionals interviewed.

Mail survey of private schools

A questionnaire consisting of 10 major items was developed in order to gain information regarding the specialized facilities, criteria for admission and discharge, and facilities for a follow-up. The gathering of such information was not for the purpose of evaluating individual institutions, but rather to provide feedback regarding the nature of the services being purchased, the types of children being helped, and the pattern of private care costs. The mail survey included all approved schools. The return rate was 100%. This survey provided the basic information which is included in the Resource and Referral Handbook described in Chapter IV.

Comparison between total sample and non-respondents

For several reasons, direct personal contact with 36% of the parents of the original sample was not made. The major reasons were: 1) the parents replied negatively to the letter asking for participation in the study, 2) the letter was returned marked "address unknown," 3) the parents made no reply and no phone number could be found, 4) the parents had moved to a different state. It was necessary to ascertain if there was any significant difference between the total sample and the portion that was not contacted in order to assess the impact of any bias which may have been operating. In order to do this, a comparison of several variables was made between these two groups. Variables taken from the record abstracts were used for the comparisons. The results are shown in the following table.

Comparison on Selected Characteristics of Total Sample and Sample Not Contacted

Variables	Total Sample	Not Contacted
Mean age at application	11.4	12.1
Mean age in 1968	13.0	14.9
Percent male	76.3	75.0
Percent female	23.7	25.0
Percent residential	66.7	60.0
Percent day	33.3	40.0
Social class	3.5	3.4
Length of stay (in months)	18.0	18.9
Mean I.Q.	86	86

It appears that the two groups do not differ significantly on the variables compared with the exception of "mean age in 1968." The mean age in 1968 of children whose parents replied negatively was 16.8. The mean age of children whose parents never replied was 16.3. These two categories pulled the total mean of this variable up to 14.9 which is 1.9 years higher than the comparable mean of the total sample. This could be explained by the fact that many children sixteen and over leave their homes to be on their own. After they leave, parents may be less concerned with their child's problems, and therefore, they may refuse to participate in a study concerning their children either by direct refusal or simply by not replying to inquiries. The parents of younger children are more involved with their children's problems and therefore more likely to agree to participate in a study such as this. Another factor operating in some of the families was a fear that reexamination of this experience would somehow be deleterious to their child's future.

One variable investigated, but not included in the table above, is a description of behavior characteristics as recorded by the referring psychiatrist. The characteristics were coded according to eight categories--disciplinary problem; withdrawn behavior; learning problem; disciplinary problem and learning problem; withdrawn behavior and learning problem; disciplinary problem, learning problem, and withdrawn behavior; psychosis; and other. Kendall's Tau was used to determine if the rank ordering of percentages in these categories was similar for both groups. It was found that there was no significant difference between the rank orders for the two groups.

It can be concluded from this analysis that the parents who were not reached did not unduly bias the results of this research.

Advisory panel

A working panel advisory to the Principal Investigator on issues pertinent to the study, e.g., methodology, priorities, changes in scope or direction of the research, particular problem areas, was formed. This Panel met four times during the course of the study. In addition the study team communicated frequently with members of the Panel between meetings.

The following representation was on the Advisory Panel:

- Director and Assistant Director,
  Bureau of Special Education
- Program Coordinator, Project 750,
  Department of Mental Health
- Assistant Commissioner for Children's Services
  Department of Mental Health
- Member, Massachusetts Advisory Council on Education
- Staff members, Massachusetts Advisory Council on Education
- Members of the Massachusetts General Court
- Representative of the Association for Mentally Ill Children
- Representative of the Massachusetts Association for Mental Health

Appendix B

SOME DESCRIPTIVE DATA ABOUT THE CHILDREN SELECTED IN THE SAMPLE

Parent perceptions of the major reasons for their child's selection as a 750 candidate fall into the following categories:

1. poor academic performance and disciplinary problem (40%),
2. disciplinary problem (18%),
3. poor academic performance (15%),
4. poor academic performance and withdrawn behavior (10%),
5. withdrawn behavior (8%),
6. "other" (9%).

Thus, poor academic performance was a factor in 65% of the selections, disciplinary problems figured in 57% of the selections, and withdrawn behavior was involved in 18% of the selections.

Parents' perceptions do not deviate significantly from the relevant behavior described by the evaluating professional: 24% were described as disciplinary problems, 22% were disciplinary and learning problems, 11% had learning problems alone, 8% were withdrawn, 8% were withdrawn in combination with learning problems, 18% of the children were considered extremely disturbed and could be considered psychotic, and 15% fell into the category of "other."

For the great majority of these children the birthplace was Massachusetts--86%; only 13% were born elsewhere in the United States, and 1% were foreign born children.

The mean age at the time of application is in the 11-12 year range. However, 32% of the children in our sample were referred at ages 13 and

14, and 26% were in the 15-16 age bracket. The children came predominantly from public schools, 88%, but 9% came from private schools and 4% came from parochial schools. 42% of these children had previous experience with special education and 60% had previous psychiatric treatment (51% on an out-patient basis, 7% on an in-patient basis, 2% on both in-patient and out-patient basis).

The psychiatric diagnoses most frequently assigned to these children fall into the categories of transitional disturbance, 34%, and personality disorder, 34%. The childrens' mean I.Q. was 106. 32% of the children had I.Q. scores below 80 and 10% had I.Q.'s 120 and above. Only 19% of the sample had a handicapping condition other than the emotional disturbance.

The ratio of boys to girls in this program, 76% to 24%, paralleled national statistics recorded on programs for emotionally disturbed children. A less expected finding was that 44% of the children came from "small" families, i.e., 12% of children had no siblings and 32% had only one sibling. This is in spite of the fact that the mean class of these children's parents was class III (Hollingshead, 1956), and the most represented was class IV, 32%.

In 85% of our sample the parents are living together at present and only 32% of these parents described any marital disruption in the past.

The length of our sample's enrollment in private schools ranged from under one month to over 42 months. The estimated mean stay fell in the 18-24 months category. Students in residential placements tended to be enrolled slightly longer than students in day placements. Forty three percent of the students were enrolled in the 750 program 2 years or more.

For the sample of terminated cases the most frequent cause for discharge from the program was the school's judgment that maximum benefit had been received, 44%. In 18% of the cases the school terminated the placement due to its inability to cope with the child. In all, school initiated termination occurred in 72% of the cases; parent initiated termination occurred in 22% of the cases (parents were either dissatisfied with the school, dissatisfied with the progress their children were making, or they simply wanted their child home). Six per cent of these children ran away from school and 2% were discharged because they were over age.

When parents were asked to cite examples of their child's improvement or lack of it, approximately 70% of the codeable responses were of a positive nature, while 30% had negative implications. Almost half of the responses pertained to the psycho-social area. Other areas mentioned in order of frequency were the academic, self-care, and physical-coordination areas.

The table below indicates the current status of the children in our sample who were terminated from the 750 program before June 1, 1968.

Status of Children as of June 1969
N = 118

Age	PUBLIC SCHOOL REGULAR CLASS	PUBLIC SCHOOL SPECIAL CLASS	SCHOOL AND WORKING	PRIVATE SCHOOL	VOCATIONAL SCHOOL	COLLEGE	ARMED FORCES	WORKING	MARRIED	MARRIED AND WORKING	INSTITUTION	NOT WORKING OR IN SCHOOL	IN JAIL	NO CONTRACT WITH PARENTS	TOTAL
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Below 16	51	8	5	10	0	0	0	3	0	0	13	10	0	0	100
16 and above	13	0	5	4	2	4	13	24	6	2	4	20	1	1	99*
Total	25	2	5	6	2	2	9	17	4	2	7	17	1	1	100

* Does not equal 100.0% due to rounding errors

The 118 children, whose present status we were able to ascertain, represent 74% of the total sample drawn. The staff was either unable to or unsuccessful in determining the present status of the remaining 26%.

References

Hollingshead, A. B. Two factor index of social position. Dittoed publication. New Haven, Conn: Yale University Press, 1956.

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